**TEACHER CANDIDATE NOTEBOOK**

You will use folders to create weekly sections in your Google Drive notebook that will be shared with your Field Instructor. Additional directions are included on Canvas in the EDUC 400 Orientation Module.

Folders should be organized by weeks of your placement and include the following files:

Pre-Week 1 (front page)

* Bi-Weekly Conference Record Sheet (in CANVAS files)

Week 1 (Folder 1)

* Week 1 Newsletter (weekly newsletter from field instructor)
* Field Placement Sequence based on your type of placement (Elementary, ESL, Middle School, and Special Education)
* Master Class Schedule (request a copy from your clinical educator)
* Class list
* ETE Manual Section B forms:
* Student Information Chart
* School Information
* Checklist for Coteachers
* Lesson Planning Contract
* Lesson Planning Forms
* Student Release Forms for Photographs and Videos

Week 2 – Week 11 (Folders 2 – 11)

* Weekly Newsletters
* Lesson Plans

Week 6 also include:

* Capstone Clinical Evaluation Form for assigned type of field placement (in CANVAS files)

Folder 12

* Clinical Educator and Field Instructor’s written observations/evaluations/feedback
* Record Keeping- provides evidence of ongoing documentation of student progress in all content areas.

Folder 13

* Section A and C of ETE Manual

**Student Information Chart**

**Complete the chart below to summarize the required and necessary accommodations or modifications for any students that will affect your instruction. Consult with your clinical educator and other specialists to complete the chart in addition to your own observations. The first row has been completed in** *italics* **as an example.**

|  |  |  |
| --- | --- | --- |
| **Categories** **including, but not limited to:**special education, speech, OT, PT, behavior, skill levels, ELL/ESL. Section 504 | **Student(s)** | **Accommodations and/or Pertinent IEP Objectives** |
|  |  | *:* |
| *Example:**Learning Disability* | *Example:**JB, CG, AF* | *Example:* *Close monitoring, follow up, and Resource Room* |
|  |  |  |
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**SCHOOL STAFF INFORMATION**

To function successfully in a school, you need to know the school staff and their responsibilities.

Principal:

Assistant Principal(s):

Secretary:

Other Office Personnel and their positions:

Custodians:

Nurse:

Lunchroom Manager:

**DISMISSAL PROCEDURES\***

BUS RIDERS:

WALKERS:

PARENT PICK-UPS:

\* Dismissal must be a shared responsibility with your clinical educator.

**CHECKLIST FOR TEACHER CANDIDATES AND CLINICAL EDUCATORS:** This checklist is to be reviewed during the first week of the field experience.

|  |  |
| --- | --- |
| **SCHOOL SAFETY CHECKLIST:****\_\_\_** Lockdown procedures\_\_\_ Fire and civil defense drills\_\_\_ Tornado and severe weather\_\_\_ Active shooter drill\_\_\_ Other | **STUDENT SAFETY CHECKLIST:****\_\_\_** Abuse reporting\_\_\_ Releasing student to authorized persons\_\_\_ Lunchroom expectations\_\_\_ Playground expectations\_\_\_ Other |
| **BUILDING PROCEDURES:**\_\_\_ Review of district and building handbooks for students and teachers\_\_\_ Teacher hours\_\_\_ Procedures for snow days/late openings/early dismissal\_\_\_ Home visitations, pupil gifts\_\_\_ Media center policies\_\_\_ Use of copier and supplies\_\_\_ Testing programs\_\_\_ Other | **CLASSROOM LOGISTICS****\_\_\_** Recording attendance\_\_\_ Documenting progress (view report card)\_\_\_ Communicating with parents\_\_\_ Collecting Money\_\_\_ Candidate’s role in teacher meetings\_\_\_ Candidates’ role in parent/guardian meetings\_\_\_ Procedures for going to the nurse and reporting accidents\_\_\_Classroom/school management system\_\_\_ Procedures for contacting custodial staff\_\_\_ Other |

**MEDICAL ALERTS (add on if needed):**

|  |  |  |
| --- | --- | --- |
| **NAME** | **MEDICAL ALERT** | **NOTES** |
|  |  |  |
|  |  |  |
|  |  |  |

\_\_\_\_\_

**Lesson Plan Contract:** Lesson plans are required for student teaching. You may not teach without lesson plans. During week 1, you will complete a Lesson Plan contract with your clinical educator.

**Teacher Candidate Expectations:**

**Detailed plans for each lesson (cotaught or independently taught)**

Teacher candidates must be prepared for instruction. When possible, the ETE student teaching lesson template found in this manual will be utilized. However, if your course instructor asks you to use a course-specific lesson plan template for a class assignment, please use your course instructor’s template for that specific assignment. All other agreed upon plans should follow the template components in this manual.

* **Middle school placements will use the full format lesson plan template for weeks 1-8. The modified plan will be discussed at the mid-term conference. With clinical educator and field instructor approval, teacher candidates may use this format for weeks 9-12.**
* **Elementary, special education, and ELL will use the full format lesson plan template for weeks 1-7. The modified plan will be discussed at the mid-term conference. With clinical educator and field instructor approval, teacher candidates may use this format for weeks 8-12.**

**Teacher Candidate & Clinical Educator Agreement**

1. Template(s) to be used during student teaching instruction:

\_\_\_ UD Template \_\_\_ School Template \_\_\_ Content Specific \_\_\_ Other (Specify\_\_\_\_\_\_\_\_\_\_\_)

1. The teacher candidate will complete daily lesson plans in advance of implementation. The lesson plans will be shared with the clinical educator in the following manner (check one):

**\_\_\_** Shared drive  **\_\_\_** Email **\_\_\_** Other (Specify**\_\_\_\_\_\_\_\_\_\_\_\_**)

1. The teacher candidate will submit daily lesson plans to the clinical educator by the following timeframe (check one):

\_\_\_\_ 1 day in advance \_\_\_\_ 2 days in advance \_\_\_\_ 3 days in advance \_\_\_\_\_\_Other (Please explain):

1. Any other items that are agreed upon by the clinical educator and teacher candidate explain below:

**WE** have reviewed school staff information, the procedures checklist, and medical alerts together.

**WE** agree on the lesson planning decisions.

Teacher Candidate **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Clinical Educator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University of Delaware Lesson Plan (F21)**

*Complete each part of the lesson plan. Delete italicized directions after completing each section.*

|  |  |
| --- | --- |
| **Subject(s):** | **Date & Time:** |
| **Grade:**  | **Group Size:**  |
| Coplanned | * yes
* no
 | Independently planned  | * yes
* no
 |
| Common Core Learning Standard(s) Addressed: *In this section,* ***list*** *the standard or standards that are being addressed.* *Include both the number and the description of the standard? Have you identified integration of multiple content standards?* |
| Learning Goal(s)/Lesson Objective(s): *In this section,* ***list*** *the lesson objectives.**Consider what will students know and be able to do as a result of this lesson? Are these learning target(s)/objective(s) appropriate based on your prior assessment/knowledge of students’ understandings? Are your targets/objectives observable and measurable?* |
| Assessments: ***List*** *formative/summative assessment approaches, tools, and/or strategies (worksheet, exit ticket, group project quiz, etc.)***1.****2.****3.** | Criteria: *For each assessment listed,* ***describe*** *the criteria that will be used to reflect learning of the objective.* |
| **Full Understanding****1.****2.****3.** | **Partial Understanding****1.****2.****3.** | **Limited Understanding****1.****2.****3.** |
| Relevance (Connecting to students’ lives and prior academic learning):***Describe*** *the relevance for the instruction provided in this lesson: (a) how the learning tasks are appropriate according to personal/cultural/community assets of your students? (b) Which aspect(s) of CRP are you trying to implement*Culturally Responsive Pedagogy: [*https://www.brown.edu/academics/education-alliance/teaching-diverse-learners/strategies-0/culturally-responsive-teaching-0*](https://www.brown.edu/academics/education-alliance/teaching-diverse-learners/strategies-0/culturally-responsive-teaching-0) |
| **Instructional Procedures:** *What learning experiences will students engage in? How will you use these learning experiences and/or their student products as formative assessment opportunities?* |
| BeginningOfLesson  | Lesson Introduction & Activating Strategies:**Introduction/Activating/Launch Strategies *may*** include**:*** Capture students’ interest/hook
* Review prior knowledge
* Tell students what it is they are expected to know or be able to do (“Today we will…”)
* Introduce the lesson
* Communicate the purpose of the lesson
* Create an inquiry-based setting ***\**** *Homework checks, attendance and other housekeeping duties do not constitute an opening.*
 |
| Middle OfLesson  | Teaching Strategies: **Teaching Approaches** may include**:*** Presenting content, skills, and strategies
* Describe the selected teaching methods, instructional procedures, and learning activities that are appropriate for the students and that are aligned with the objective(s)
* Model the skill or strategy
* Think aloud
* Check for understanding
* Guided practice
* Independent practice
* Collaborative practice with peers
* Engage students in question and answer
* Provide opportunities for exploration
* Provide opportunities for discussion
* Include critical questions that you might ask
 |
| EndOfLesson  | Lesson Closing/Summarizing Strategies:**Summarizing Strategies (Closure)** may include**:*** Engage students in summarizing main points or big ideas of lesson.
* Revisit objective/essential question.
 |
|  | Resources/Materials:*Include a* ***list*** *of all materials you (and the students) will need for the lesson. Provide a citation in APA format for any materials that you did not develop by yourself.*  |
| **Access for All Learners:***In this section,* ***describe*** *how you will ensure that all students have access to and are able to engage appropriately in this lesson*.  |
| Differentiation of Objectives, Content, Process, or Product | *How are you selecting supports that are tied to the learning objectives and address similar group of students’ needs and specific individuals’ needs? Regardless of IEP/504 plans, enrichment, etc.****Process:*** *How will my instructional delivery, materials, or students’ engagement in instructional activities differ?****Product:*** *Which options or types of assessments might you consider for various learners to demonstrate their understanding of the objectives? (Fast Finisher Work?)* |
| Instructional and Material Adaptations | *In this section, list instructional and adaptations that will be made for individual students.*  |
| Notes: |

**University of Delaware Lesson Plan (Modified Format)**

**With field instructor approval and clinical educator approval you may plan for sequential lessons (M-F).**

|  |  |
| --- | --- |
| **Subject(s):** | **Date & Time:** |
| **Grade:**  | **Group Size:**  |
| Coplanned | * yes
* no
 | Independently planned  | * yes
* no
 |
| Common Core Learning Standard(s) Addressed:  |
| Learning Goal(s)/Lesson Objective(s):  |
| Assessments**1.****2.****3.** | Criteria |
| **Full Understanding****1.****2.****3.** | **Partial Understanding****1.****2.****3.** | **Limited Understanding****1.****2.****3.** |
| **Instructional Procedures:** *What learning experiences will students engage in? How will you use these learning experiences and/or their student products as formative assessment opportunities?* |
| BeginningOfLesson  | Lesson Introduction & Activating Strategies |
| Middle OfLesson  | Teaching Strategies |
| EndOfLesson  | Lesson Closing/Summarizing Strategies  |
|  | Resources/Materials:*Include a* ***list*** *of all materials you (and the students) will need for the lesson. Provide a citation in APA format for any materials that you did not develop by yourself.*  |
| **Access for All Learners:***In this section,* ***describe*** *how you will ensure that all students have access to and are able to engage appropriately in this lesson*.  |
|  |
| Notes: |



Dear Parent/Guardian,

I am a teacher candidate in a teacher preparation program at the University of Delaware who is working in your child’s classroom this semester. As part of my professional preparation, I am required to photograph and/or digitally record some of my lessons and submit samples of student work. The primary focus of the recordings will be on my instruction, but your child may appear in the photographs, videos, or audio recordings of my lessons. I am asking your permission to use these materials for the following purposes.

* **Videos for Professional Development.** I may share and review the videos with my classroom teacher, University faculty and staff, and other student teachers to reflect on my lessons and continually develop my teaching skills.
* **Analysis of Student Work.** I may submit samples of student work to University faculty and staff for an assignment, which may include your child’s work. Students’ last names will be removed from materials before they are submitted.
* **Performance Assessment.** Some states require teacher candidates to pass a national standardized performance assessment in order to obtain teacher certification. The performance assessment is scored by certified reviewers. I may submit videos and student work for a performance assessment.

The form below will be used to document your permission for these activities. I greatly appreciate your support.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UD Teacher Candidate Date

Jamie Bailey, Assistant Director Office of Clinical Studies

## **For Parents/Guardians**

 I DO GIVE PERMISSION to include my child’s image on photographs and/or videos and to use my child’s work as outlined above.

 I DO NOT GIVE PERMISSION to include my child’s image on photographs and/or videos or to use my child’s work.

Signature of Parent/Guardian Date \_\_\_\_\_\_

Printed Name of Parent/Guardian Date \_\_\_\_\_\_\_

Child’s Name



Estimado Padre/Encargado,

Soy un maestro practicante/estudiante en un programa de formación docente en la Universidad de Delaware, y estoy trabajando en el aula de su hijo este semestre. Como parte de mi preparación profesional, estoy obligado a fotografiar y/o digitalmente grabar algunas de mis lecciones y enviar muestras de trabajos de alumnos. El enfoque principal de las grabaciones será en mi instrucción, pero su hijo puede aparecer en las fotografías, vídeos o grabaciones de audio de mis lecciones. Estoy pidiendo su permiso para usar estos materiales para los siguientes propósitos.

* **Videos de desarrollo profesional**. Su autorización me permite compartir y revisar los videos con mi maestro de la clase, los profesores, y el personal de la Universidad, y otros maestros de los estudiantes para reflexionar sobre mis lecciones y desarrollar continuamente mis habilidades de enseñanza.
* **Análisis de trabajos** de estudiantes. Como parte de una asignación, puedo enviar muestras de trabajos de alumnos a la facultad y personal de la Universidad,y eso puede incluir el trabajo de su hijo. Todo apellido de los estudiantes serán retirados de los materiales antes que sean parte de una presentación.
* **Evaluación del desempeño**. Algunos estados requieren que los candidatos de maestros pasen una evaluación de rendimiento nacional normalizado con el fin de obtener la certificación de maestros. La evaluación del desempeño es calificada por los colaboradores crítico de el comité de certificados. Este proceso puede exigir el envio de vídeos y cualquier trabajo de lecciones terminado por los alumnos para la evaluación completa del desempeño .

Este formulario se utilizará para documentar su permiso para estas actividades. Aprecio mucho su apoyo. Sinceramente,

UD Estudiante Fecha



Jamie Bailey, Subgerente Oficina de Estudios Clínicos

## **Para los Padres/Encargado**

 ME DAN PERMISO para incluir la imagen de mi hijo en las fotografías y/o videos, y utilizar el trabajo de mi hijo como se describe anteriormente.

 NO DOY PERMISO para incluir la imagen de mi hijo en las fotografías y/o videos, o para usar la obra de mi hijo.

Firma Del Padre/Encargado Fecha \_\_\_\_\_\_\_

Nombre del padre/Encargado \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha \_\_\_\_\_\_\_\_