

Master of Arts in Teaching Graduate School of Education

## CLINICAL / FIELD EXPERIENCE PLACEMENT CONTRACT

	Student		Placement
Name:		School:	
Course:		Teacher:	
Pate:		Phone:	
	r vis-a-vis assisting and tutoring acti It is your responsibility to contact cooperating teachers may have me You must complete at least 30 hor Visits to the school should be durenvironment and also to lessen die A few gentle reminders about pro  Be punctual (before and  Dress appropriately (well  Do not become involvee  Contact your cooperating	vities.  the teacher in the next few of ore than one clinical student are of clinical experience.  In gliteracy blocks, so that year of the students at the fessional behavior:  after school)  I-groomed)  d in school politics g teacher if you are ill or have set to represent Hamline in political students.	ou have the opportunity to absorb the he site.  The an emergency positive ways. Future clinicals and student
1. Bi 2. Ai ca	with your cooperating teacher A.S. ring this form and the clinical evaluate the meeting discuss the clinical exp	A.P. Please complete the faction form (your instructor has ectations, the dates and time with the cooperating teacher	as these) to the cooperating teacher. es of your visits, exchange phone numbers in er his/her expectations regarding your
Meetin	ng Date:		
Coope	erating Teacher:		_print:
School	I Name:		

RETURN THIS FORM TO YOUR INSTRUCTOR NO LATER THAN THE END OF THE  $2^{ND}$  WEEK OF NOTIFICATION OF PLACEMENT.

print:\_\_\_

Hamline Student:\_\_\_