FAILURE TO COMPLETE STUDENT TEACHING IN THE SECOND SEMESTER OF ENROLLMENT

Student Teacher ____________________________ Program ____________________________

School ____________________________ Clinical Supervisor ____________________________

University Supervisor ____________________________ Clinical Associate/Principal ____________________________

Failure to complete student teaching may occur when suggestions from the Probationary Status documents have not been appropriately incorporated. Description is found in the Student Teaching Guidelines. *The university supervisor will provide signed copies of the completed form for the student teacher, clinical supervisor, clinical associate, principal, the student teacher’s program director, chair of the department, and the Director of Field Experiences.*

**Factors that contributed to failure to complete the experience:** Identify factors that contributed to the experience not being completed within the initial period of enrollment. Attach additional sheet(s) of information, if necessary. Provide documentation to support each factor that lead to the ending of the student teaching experience. *Attach all documentation to this paperwork or reference where it has been provided in previous interventions.*

Per the College of Education Field Experience Policy, students enrolled in the Teacher Education Program are only permitted to repeat student teaching one time. This was *student teacher’s name* second and final attempt at student teaching, therefore, this was the final opportunity to complete student teaching and all required course work for a degree in teacher education. It is recommended that you meet with your advisor to discuss other options in regard to completing a degree in another career path.

______________________________  ______________________________
Signature of Student Teacher*  Signature of Clinical Supervisor

______________________________
Signature of University Supervisor

______________________________
Signature of Principal

______________________________
Signature of Program Director

______________________________
Signature of Other Attendee

______________________________
Signature of Clinical Associate**

______________________________
Signature of Director of Field Experiences

______________________________
Signature of Department Chair

______________________________
Date of Meeting

3.21.17
*Student Teacher’s signature indicates that the information in this form has been shared in a conference setting. The student teacher may choose to share additional information. If so, this information should be provided on a separate sheet of paper and made available to the University Supervisor within three days of the conference conclusion.

**Signatures indicate that the Principal and Clinical Associate were present in the meeting or have been informed by way of this Agreement.