

Rockford Public Schools

University Contact List- Student Teacher Placements

Knox University

Northern Illinois University

Rockford University

Illinois State University

National Louis University

Rockford University Clinical Process:

1. RU makes requests for teachers who would like to work with an RU education student (or students).
2. The District sends the names of teachers who would like to work with a clinical student to Maitreyi Lagunas, Director of Licensure Programs in the Education Department. In this way, a teacher is found for each RU student. More than one student can be matched to a teacher if the students have very few hours and the teacher is willing.
3. Maitreyi emails the RU student, the RU course instructor, the district contact or principal, and the cooperating teacher.
4. The RU student contacts the cooperating teacher and the two individuals work out a schedule when the RU student can visit and do clinical hours. This accommodates students with differing class, work, and family schedules, and it allows the cooperating teacher to invite the student to visit at times that are beneficial to them and to their student population.
5. On their first visit, RU students bring information from their RU course instructor about course assignments.
6. To verify their visit, the RU student has a "Clinical Hours Verification Log" which the cooperating teacher signs after visits.
7. The cooperating teacher can ask the student for a copy of this Log to use for documentation for CPDU's. If the teacher needs further documentation, they can contact Maitreyi Lagunas for a letter.
8. This "Hours Log" is turned into Maitreyi Lagunas in case any individual needs access to it in future.
9. Assignments done in the cooperating teacher's classroom are assessed by the RU instructor.

ROCKFORD UNIVERSITY — 1847 —

This is to confirm that _____ meets the minimum
(Please PRINT name of cooperating teacher)

requirements for cooperating teachers, effective beginning the 2015-2016 school year, as set forth by
Illinois Administrative Code Section 25.620(d).

Please complete and verify the following information:

- I currently hold a PEL (Professional Educator License) with the following endorsement(s): _____
- I have been employed as a teacher in the _____ School District for _____ years and have been teaching in my current position at _____ School for _____ years.
(number of years) (name of school) (number of years)
- I have received an overall summative rating of proficient or above on my most recent teacher evaluation Formal Observation Summary.

Name: _____
(Please PRINT)

Signature: _____

Principal Signature: _____

Date: _____

If you have any questions regarding eligibility requirements for cooperating teachers, please contact Professor Kim Wagner, Education Unit Head, kwagner@rockford.edu or 815-226-4178.

Please Send To:
Maitreyi Lagunas
Director of Licensure Programs
Rockford University
Lang 109
5050 E. State St.
Rockford, IL 61108
leaston@rockford.edu
815-226-4096
Fax 815-394-5249

Empowered Minds Learning Together
STUDENT TEACHING APPLICATION

This application must be computer-generated.
Responses must fit within the spaces provided.

Student Teaching Semester: _____ , _____

(last name) (first name) (middle name)

College Address: _____
(dorm) (telephone) (box no.)

Home Address: _____
(number and street)

(city) (state) (zip) (e-mail)

(telephone) _____ (alternate telephone) _____

EARLY CHILDHOOD Undergraduate _____ EARLY CHILDHOOD Graduate _____

ELEMENTARY Undergraduate _____ ELEMENTARY Graduate _____

.....

PHYSICAL EDUCATION _____ PHYSICAL EDUCATION Graduate _____

SECONDARY Undergraduate _____ SECONDARY Graduate _____

Content Area(s) _____

SPECIAL EDUCATION Undergraduate _____ SPECIAL EDUCATION Graduate _____
