FIELDWORK CONTRACT

This form is to be signed by the cooperating teacher on the student’s first visit to the placement site.

STUDENT:  UG____ GRAD____ STUDENT’S EMPL ID: ____________________

I, ______________________________, have met with the cooperating teacher and we have discussed the responsibilities and expectations for fieldwork. We have also agreed on my schedule.

________________________________________
Starting Date

________________________________________
Ending Date

EDUC/EDSE/EDLS/EDCE ____________________________
Course Number

____________________________
Student’s Signature

____________________________
Date

COOPERATING TEACHER

I understand that I will be responsible for signing timesheets and an end-term evaluation to be returned to the Office of Clinical Practice.

If the arrangement between the student and myself, does not meet the needs of my classroom or the course I will bring it to the immediate attention of the Office of Clinical Practice.

________________________________________
Name of Cooperating Teacher (Print)

____________________________
School

____________________________
Grade

____________________________
Cooperating Teacher’s Signature

____________________________
Date

Rev. BMB/yn 01/2017