

## CLINICAL PRACTICE/STUDENT TEACHING INFORMED CONSENT AGREEMENT

1. I will complete the Clinical Practice Request form by the fifth week of the semester before I intend to do clinical practice (EDSE 678 and EDSE 680). Additionally, if I do not possess an Alaska Special Education Type A certificate (also known as a waiver), I will complete the necessary background check forms (e.g., fingerprinting, student teaching authorization) for clinical practice. This background check is different than the one required for fieldwork.
2. I will abide by the host school district's rules and regulations.
3. I will be on time for clinical practice seminars (EDSE 678 and EDSE 680), clinical practice in the classroom, district professional development activities, parent conferences, IEP meetings and other activities.
4. If student teaching in the Fairbanks Northstar Borough School District, I understand that I must attend a one-day substitute teacher training and that I may be called upon to substitute teach (with pay). This may be a requirement for student teaching in other districts.
5. In case of illness or unavoidable absence, I will notify the school and/or supervising teacher as well as the university supervisor before the beginning of the school day.
6. I accept responsibility for completing assignments from university courses and from the host teacher/school by the time specified.
7. I have read and will abide by the State of Alaska, Code of Ethics of the Education Profession (<http://education.alaska.gov/teachercertification/20aac10.html>) or the codes of conduct and ethics from other states where I may be doing clinical practice.
8. I will conduct myself in a professional manner at all times.
9. I will preserve the confidentiality of all activities and relationships that are part of my field experience. I understand that I may be required by law to disclose certain information. I may also discuss, in a professional manner, situations or problems that may arise in the schools with my university faculty as part of my teacher education program.
10. I recognize that clinical practice/student teaching is a privilege and that if I violate any district or university policies or if my performance is deemed unsatisfactory, my placement can be revoked.
11. I understand that the university will remove a student teacher/intern if the district deems it in the best interest of students and the school.
12. I understand and accept the fact that there can be physical risks associated in working with some students who have disabilities. Such risks include being scratched, hit, and bit. Furthermore, in light of these risks I understand the importance of being current on tetanus and hepatitis vaccinations.

Name: \_\_\_\_\_ Date: \_\_\_\_\_