



## Clinical Experience Courtesy Call Form

College Supervisor:

Student Teacher:

Cooperating Teacher:

School:

District:

Grade(s):

Subject(s):

Date of Courtesy Call:

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Does this placement appear to be an appropriate one? If not, what problems do you foresee?

Has your cooperating teacher ever had a student teacher before? Does the cooperating teacher have a realistic understanding of the clinical experience?

Briefly describe the nature of this contact (i.e., I.G.E., 4 American History and I Government 4th grade all subjects, all remedial students).

Any questions raised about this contact that I can help answer?

Appendix H: **State Continuing Education Clock Hours**

Authority: R 390.1152 of P.A. 287. Section 10. 1984. COMPLETION: Voluntary. Approval will not be granted without completion.		OFFICE OF PROFESSIONAL PREPARATION SERVICES P.O. Box 30008, Lansing Michigan 48909 Phone: (517) 241-4928	
<b>PROGRAM APPROVAL APPLICATION FOR                  STATE CONTINUING EDUCATION CLOCK HOURS (SCECH)</b>			
Program Title	2019-2020 Supervision of Student Teacher/Teacher Intern - 1st Semester		
Application Number	97364	Application Status	Accepted
Program Number	20172644	Program Format	Face-to-Face
Professional Learning Type	SCECH		
Event Location	Non-Traditional School Based Programs	Address	608 W. Allegan
City	Lansing	State	MI
Zip	48933		
Course Narrative	Criteria for Eligibility: <ol style="list-style-type: none"> <li>1. A teacher who supervises a student/intern teacher for a determined placement period of not less than eight weeks may earn twenty-five (25) SCECHs.</li> <li>2. A supervising teacher must coach and provide feedback to the student/intern teacher, in accordance with the teacher preparation institution's policies.</li> <li>3. A supervising teacher must submit to the building principal and/or the teacher preparation institution's representative formal evaluations of the student teacher/teacher intern's performance.</li> <li>4. The building principal must sign the verification form to provide verification of the successful completion of the assignment.</li> <li>5. The signed verification form must be received by the local SCECH Coordinator a maximum of 30 days after assignment has been completed.</li> <li>6. This non-traditional activity may only be used a maximum of three (3) times toward certificate renewal within an educator's certificate renewal period.</li> </ol>		

Category	Supervising/Cooperating Teacher (Non-Content)												
Prerequisites	None												
Attendance Method / Internal Notes	Verification Form												
Conference	No	Participant Fee \$	0										
Total Contact Hours	25	Range of Hours	-										
Program Descriptors	Teacher--Supervising/Cooperating												
IACET Program	No	Is Program Restricted	No										
Offerings													
<table border="1"> <thead> <tr> <th>Begin Date</th> <th>End Date</th> <th>County</th> <th>Reason for Change</th> <th>Canceled</th> </tr> </thead> <tbody> <tr> <td>09/05/2017</td> <td>01/05/2018</td> <td>State of Michigan - Lansing</td> <td></td> <td></td> </tr> </tbody> </table>				Begin Date	End Date	County	Reason for Change	Canceled	09/05/2017	01/05/2018	State of Michigan - Lansing		
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09/05/2017	01/05/2018	State of Michigan - Lansing											
Program Contact	Local SCECH Sponsor	Contact Phone	(517) 241-4928										
Contact Email	scech@michigan.gov	Program Website											
Originating District		SCECH Coordinator											