

STUDENT TEACHING HANDBOOK INFORMATION

My signature below acknowledges that I have accessed the University of North Texas at Dallas Student Teaching Handbook online. I have read the Handbook and agree to abide by the standards, policies, and procedures defined or referenced in the Handbook. I understand that I have an obligation to inform my university supervisor of any changes in personal information, such as name, phone number, address, etc. I also accept responsibility for contacting my Emerging Teacher Educator or Clinical Director if I have any questions, concerns or need further explanation.

PROFESSIONAL LIABILITY INSURANCE

Student teaching at the University of North Texas at Dallas is not covered by professional liability insurance through UNTD or the public school district. Liability insurance is available through the membership in the student branches (Texas Classroom Teachers Association at 888-879-8292 or Association of Texas Professional Educators at 800-777-ATPE). Membership is mandatory and offered to university students at no charge.

WAIVER OF LIABILITY

By signing below, I understand and accept the condition that the Teacher Education Department at the University of North Texas at Dallas and the assigned school campuses are released from any liability related to accidents or any other unexpected events which may occur in conjunction with my participation in required or voluntary activities during student teaching. I acknowledge that it is the recommendation of the Teacher Education Department that I obtain general medical/health insurance if I am not already covered.

Name _____

Signature _____

Date _____

Student ID _____

TEXAS ADMINISTRATIVE CODE OF ETHICS

To be signed by all Clinical I & Clinical II Students:

My signature below declares that I have read and agree to abide by the Code of Ethics and Standard Practices for Teacher Educators as stated in the Texas Administrative Code, Title 19, Part 7, and Chapter 247.2. A copy of the Code of Ethics was provided to me in the handbook.

I understand that violation of this code may result in my immediate removal from clinical experience and possible dismissal from the Teacher Educator Program at the University of North Texas at Dallas.

Name _____

Signature _____

Date _____

Student ID _____



FERPA Consent to Release Educational Records and Information

This release represents your written consent to permit University of North Texas at Dallas to disclose educational records and any information contained therein to the specific individual(s) identified below. Please read this document carefully and fill in all blanks

I _____ (print name) am a candidate at the University of North Texas at Dallas Teacher Education Program and hereby give my voluntary consent to officials:

To disclose the following records (please check all that apply):

- Records relating to any of my field-based experiences
- Records relating to my performance in the field during student teaching
- TExES test score results

To the following person(s):

- School districts or other agencies associated with field-based experiences
- School-based/Agency-based administrators
- School-based/Agency-based cooperating teachers/mentors
- University of North Texas at Dallas Program faculty

I understand that under the Family Educational Rights and Privacy Act of 1974 ("FERPA" 20 USC 123g; 34 CFR §99; commonly known as the "Buckley Amendment") no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the educator preparation program) except to the extent that action has already been taken upon this release. Further, without such a release, I am unable to participate in any field-based experiences including 30 clock hours of observation, clinical teaching, student teaching, or internship

Name _____

Signature _____

Date _____

Student ID _____

SWIVL & PANOPTO TRAINING ACKNOWLEDGEMENT

I _____ have attended the training session for Swivl & Panopto training on _____ (date) I know how to record a video using the Ipad/Swivl & upload it onto Panopto. I also understand that if I have any issues regarding the use of these devices, I will contact the IT help desk to schedule a training session. By signing below I acknowledge I understand how to use the Swivl device & that I am responsible for the devices (Ipad & Swivl) I check out for my clinical teaching this semester.

Name _____

Student ID _____

Signature _____

Date _____