

Walsh University  
Division of Education  
Office of Field and Clinical Placements  
Hannon Center –Room 115

# Candidate Field Placement Packet

Walsh University  
Division of Education  
**Candidate Field Experience Checklist**

**Candidate:**

**Beginning of Semester:**

\_\_\_\_\_ I have a **current (BCI&I and FBI) background check** on file with Mrs. Garber (Field and Clinical Placement office) and I understand that I **must update** this if it expires during the semester field times September/January. I must **carry the background checks** to every field experience.

\_\_\_\_\_ I have completed the attached **Talent Release** and **Waiver of Responsibility** forms and returned them to my instructor.

\_\_\_\_\_ I have completed **EVERYTHING** in **Part I** of the Time Log evaluation form.

\_\_\_\_\_ I must take my **Time Log** and have the cooperating teacher initial each time that I am there.

\_\_\_\_\_ I am aware of the **Pre-CPAST Disposition Evaluation** by the cooperating teacher.

\_\_\_\_\_ I must complete a "pink" **Time Log** evaluation packet for **each** required field experience. Any falsification of information could result in dismissal from the Division of Education.

**End of Semester: All forms are to be turned into the course instructor**

\_\_\_\_\_ I have completed a **reflection** about this field experience (either attached form or a reflection assigned by the instructor).

\_\_\_\_\_ I have completed the **Evaluation of Field Experience** form for this field experience

\_\_\_\_\_ I have my **cooperating teacher's signature at the bottom of my Time Log** and my **Pre-CPAST Disposition Evaluation**.

**WALSH UNIVERSITY-DIVISION OF EDUCATION-FIELD EXPERIENCE PROFESSIONAL DISPOSITION EVALUATION (Pre-CPAST)**

**PART I** Candidate must complete all items in this section before starting the field experience. Please use ink.

Candidate Name \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Candidate # \_\_\_\_\_  
 Circle One: Undergraduate \_\_\_\_\_ LEAD \_\_\_\_\_ Semester & Year \_\_\_\_\_  
 Course # \_\_\_\_\_ Course Title \_\_\_\_\_  
 Walsh Instructor \_\_\_\_\_ Cooperating Teacher \_\_\_\_\_  
 Field Experience Building \_\_\_\_\_ District \_\_\_\_\_  
 District Demographics (check one) [  ] Urban [  ] Rural [  ] Suburban \_\_\_\_\_ County \_\_\_\_\_

**PART II** The cooperating teacher will use this evaluation tool at the conclusion of the field experience. Fill in the Score and any Comments  
 What are dispositions? The habits of professional action and moral commitments that underlie an educator's performance (InTASC Model Core Teaching Standards, p. 6.)  
 What else should a teacher candidate know? It is the Candidate's responsibility to ask clarifying questions as well as demonstrate the expected dispositional behaviors. **REMEMBER:** Only those dispositions observed in the field experience can be measured, therefore it is up to the Candidate to demonstrate the dispositions.

Item	Meets Expectations (2)		Professional Commitment and Behaviors		Does Not Meet Expectations (0)	Score/Comments
	Emerging (1)	Professional Commitment and Behaviors	Emerging (1)	Professional Commitment and Behaviors		
<b>K. Demonstrates Punctuality</b>	Reports on time for experience /And Additional teacher engagements (e.g., IEPs, teacher committees)	Inconsistently reports on time for experience AND/OR Additional teacher engagements (e.g., IEPs, teacher committees)	Does not report on time for experience AND/OR Additional teacher engagements (e.g., IEPs, teacher committees)			
<b>L. Meets deadlines and obligations</b>	Meets deadlines and obligations established by the cooperating teacher, instructor, and/or supervisor AND informs all stakeholders (cooperating teacher, supervisor, instructor, and/or faculty members) of absences prior to the absence	Most of the time meets deadlines and obligations established by the cooperating teacher, instructor, and/or supervisor AND informs some stakeholders (cooperating teacher, supervisor, instructor, and/or faculty members) of absences prior to the absence	Frequently misses deadlines or obligations established by the cooperating teacher, instructor, and/or supervisor AND/OR Does not inform stakeholders (cooperating teacher, supervisor, instructor, and/or faculty members) of absences prior to the absence			
<b>M.* Collaboration</b>	Demonstrates collaborative relationships with cooperating teacher AND/OR members of the school community (other teachers, school personnel, administrators, etc.) AND Attempts to work with and learn from colleagues in planning and implementing instruction	Demonstrates collaborative relationships with cooperating teacher AND/OR members of the school community (other teachers, school personnel, administrators, etc.)	Does not demonstrate collaborative relationships with cooperating teacher AND/OR members of the school community (other teachers, school personnel, administrators, etc.)			
<b>N. Responds Positively to Feedback and Constructive Criticism</b>	Is receptive to feedback, constructive criticism, supervision, and responds professionally AND Incorporates feedback (e.g., from cooperating teacher, university supervisor) to improve practice	Is receptive to feedback, constructive criticism, and supervision AND/OR Incorporates feedback inconsistently	Is not receptive to feedback, constructive criticism, and supervision AND/OR Does not incorporate feedback			

**WALSH UNIVERSITY**  
**DIVISION OF EDUCATION FIELD EXPERIENCE TIME LOG**

**PART III**

- The candidate should complete the chart below each time he/she visits the field experience site.
- The cooperating teacher is asked to initial after each visit to confirm the candidate's attendance.
- The cooperating teacher should sign/date at the bottom at the conclusion of the field experience.
- The candidate will submit the completed form to the course instructor.
- Candidates, any falsification of this form could result in your dismissal from the Division of Education.

If the cooperating teacher has questions or concerns, please contact Carrilyn E. Long, Coordinator of Field and Clinical Placements in Hannon Room 115 or call 330-490-7421.

DATE	FROM	TO	HOURS	DESCRIPTION OF THE CANDIDATE'S ACTIVITIES	COOPERATING TEACHER'S INITIALS

<b>TOTAL HOURS</b>		<b>Comments from Instructor:</b>	
--------------------	--	----------------------------------	--

Signature of Cooperating Teacher (first and last name)\_\_\_\_\_ Date \_\_\_\_\_  
Email of Cooperating Teacher \_\_\_\_\_ Phone Number \_\_\_\_\_  
TECHNOLOGY USED IN CLASSROOM \_\_\_\_\_  
Signature of Walsh University Instructor \_\_\_\_\_ Date \_\_\_\_\_





## Evaluation of Field Experience

**Every candidate must complete this form at the conclusion of each Field Experience and give to the course instructor.**

Semester \_\_\_\_\_

Candidate Printed Name (optional) \_\_\_\_\_

Name of Course Instructor \_\_\_\_\_

Course Code & Number (example EDUC 107) \_\_\_\_\_

Course Name \_\_\_\_\_

Field Placement Site

District \_\_\_\_\_

School Name \_\_\_\_\_

Cooperating Teacher \_\_\_\_\_

### Evaluation of the Field Placement Site

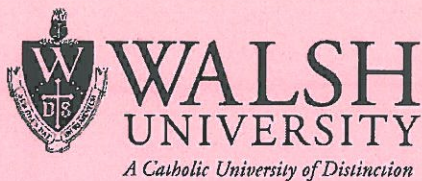
Check one box and respond.

Yes, this was an effective field placement site.

Reason(s) \_\_\_\_\_

No, this was not an effective field placement site.

Reason(s) \_\_\_\_\_



# Waiver of Responsibility

Course \_\_\_\_\_

Instructor \_\_\_\_\_

Field Placement Site(s) \_\_\_\_\_

Semester (term and year) \_\_\_\_\_ Dates \_\_\_\_\_

In consideration of this entry being accepted, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, knowingly and voluntarily covenant not to sue, and do expressly release, waive, and discharge Walsh University, its employees, any other volunteers and agents, employees, assigns or anyone acting on their behalf, from any claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in this course \_\_\_\_\_

I understand that the previous statement also applies to the transportation to and from the learning site(s).

I know and understand that the inherent dangers of this activity are reasonably foreseeable and I am willing to assume the risk, hereby releasing Walsh University and all its employees, volunteers and affiliates.

I fully realize that my behavior expectations during this activity are in accordance with the most recent version of the Walsh University Student Handbook, Federal and State Law. I understand that deviations from these social codes will result in judicial action.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Name (Signature)

\_\_\_\_\_  
Date

Please return all Waiver of Responsibility forms for your class to your course instructor.

2019-2020

---

# TALENT RELEASE

In consideration of my engagement as a model / talent, and for other good and valuable consideration herein acknowledged as received, I hereby grant Walsh University his / her legal representatives and assigns, those for whom is acting, and those acting with his / her authority and permission, the absolute right and permission to copyright, in his / her own name and otherwise, and use, re-use, publish, and re-publish images of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or fictitious name, or reproductions made through any medium at his / her studio or elsewhere, and in any and all media now or hereafter known for illustration, promotion, art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I might have to inspect or approve the finished product heirs, or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby warrant that I am of full age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

COURSE NUMBER \_\_\_\_\_

COURSE NAME \_\_\_\_\_

SEMESTER \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

STUDENT NAME (printed) \_\_\_\_\_

STUDENT NAME (signature) \_\_\_\_\_

Please return your Talent Release form to your course instructor.