



---

---

Program Director: Z [E]P • š

FOR:

Name of Student Teaching Intern:

Address of Student Teaching Intern:

Phone Number of Student Teaching Intern:

Email Address of Student Teaching Intern:

This Written Supervision Plan is between the Educational Agency (LEA) and the Educator Preparation Program (Program) and is in accordance with A.A.C. R7-2-1614 Other Teaching Certificate approved by the Arizona Board of Education. The establishment of the plan for the purpose of defining the nature and scope of a planned organized Student Teaching Intern (Intern) experience designed to facilitate the development of the Student Teaching Intern skills and competencies in provision of high quality teaching consistent with applicable legal, ethical and professional standards. This plan will also specify the duties and responsibilities of the Supervising Practitioner identified by the LEA and the Supervisor assigned by the Intern's Program.

Establishing the Student Teaching Intern Placement:

1. The Designated Administrator (i.e., superintendent, principal or head) of the LEA agree that all aspects of this student teaching intern experience will be carried out in accordance with all requirements of the A.A.C. R7-2-1614 Other Teaching Certificates, and all other applicable statutes and rules.
2. The LEA will establish a Supervising Practitioner for this internship experience subject to approval by the Program.

3.

Qualifications of the Local Education Agency (LEA) Supervising Practitioner:

1. The Supervising Practitioner will be located in the same school building as the Student Teaching Intern.
2. The Supervising Practitioner shall meet the Standards for Arizona Teachers and have the experience with a variety of teaching strategies.
3. The Supervising Practitioner shall have a minimum of three years of teaching experience and must be appropriately certified, and have the content knowledge and training, in the areas of emphasis in which the Student Teaching Intern is placed.
4. The Supervising Practitioner shall have completed the EPP required training in supervision.

---

Name of Designated Administrator

Signature

Date

---

Name of Program Director

Signature

Date

---

Name of Supervising Practitioner ~ u v š } Œ •

Signature

Date

---

^ μ % Œ À ] • ] v P W Œ š ] š ] } v Œ u ] o Œ • •

---

Name of Teacher Candidate

Signature

Date

---

Title of Position Accepted I ' Œ > À o

School E u

Location of School