



Clinical Experience Courtesy Call Form

College Supervisor:

Student Teacher:

Cooperating Teacher:

School:

District:

Grade(s):

Subject(s):

Date of Courtesy Call:

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	
PROGRAM APPROVAL APPLICATION FOR STATE CONTINUING EDUCATION CLOCK HOURS (SCECH)			
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"> 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. 2. A supervising teacher must coach and provide feedback to the student/intern teacher, in accordance with the teacher preparation institution's policies. 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. 4. The building principal must sign the verification form to provide verification of the successful completion of the assignment. 5. The signed verification form must be received by the local SCECH Coordinator a maximum of 30 days after assignment has been completed. 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. 		

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		
Begin Date	End Date	County	Reason for Change	Canceled									
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											