

## **Communication with the College during the Culminating Field Experience Problem-Solving Procedures**

During the culminating clinical field experience, there may be instances where problems/issues surface between and among the student teacher/intern, cooperating teacher, and/or supervisor that need to be addressed before the problems/issues escalate. Some will be resolved through daily communications and interactions of the parties involved or by using formal problem-solving strategies. Working as a team, those involved need to identify, define and understand the problem, generate various solutions, decide on the best solution, practice and test that solution, and after an agreed upon amount of time evaluate and determine if the problem is resolved.

### **Student Teaching Intervention**

When the problem solving approach is ineffective, a “Team Conference” meeting should be scheduled. The team should include the department chair or designee, student teacher/intern coordinator, supervisor and the Support for Teacher Education Programs (STEP) Office director or designee. The purpose of this meeting will be: (See Crisis Intervention Form, p. xxxiv)

1. to identify the issues/problems and areas of concern;
2. to identify a plan to address those issues;
3. to implement an action plan which may include:
  - a. additional meetings with cooperating teacher and/or teacher candidate
  - b. to modify teacher candidate’s schedule
  - c. to provide remedial plans to address teacher candidate’s performance
  - d. consider a change in placement or modify the teacher candidate’s length of student teaching/internship II experience
  - e. there may be other steps taken to address the issues, and

(Minutes of the meeting will be taken and sent to the meeting’s participants.)

In case of an emergency, the STEP Office should be contacted directly (609-771-2408 or [evanse@tcnj.edu](mailto:evanse@tcnj.edu)) when:

- the supervisor or department chair cannot be reached;
- clarification of policies and/or procedures related to the clinical field experience is needed;
- the cooperating teacher has not received her/his honorarium payment; or
- A change in cooperating teacher or placement is anticipated.

All supervisors and cooperating teachers are encouraged to confer often. All emails pertaining to the student’s performance can be subject to inclusion in the student’s record and are reversible under the Family Education Rights and Privacy Act (FERPA). Therefore, please consider your comments thoughtfully.



School of Education

STEP Office

FIELD PLACEMENT INTERVENTION FORM

INFORMATION

Date of Request \_\_\_\_\_

Student's Name \_\_\_\_\_ College Supervisor \_\_\_\_\_

Department \_\_\_\_\_ Quarter/Semester \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

District \_\_\_\_\_ School \_\_\_\_\_

Cooperating Teacher(s) \_\_\_\_\_

Contact Administrator \_\_\_\_\_ TCNJ Coordinator \_\_\_\_\_

Reason /Provide brief explanation of issue(s) : \_\_\_\_\_

(Attach additional pages as necessary)

The chair will contact the following "Team" members for the meeting: Supervisor, Coordinator, Subject Coordinator (if applicable), STEP Office Director and student (if necessary).

Options to be considered:

- a. to modify teacher candidate's schedule or program;
b. to provide additional supervision;
c. to mediate issues between teacher candidate and school/cooperating teacher or College supervisor;
d. to consider extending teacher candidate's experience;
e. to request change of placement;
f. to discontinue teacher candidate's placement;
g. extend the candidate's field experience beyond the official end date; and
h. other \_\_\_\_\_

Will the cooperating Teacher(s) be in agreement with the decision? YES \_\_\_\_\_ NO \_\_\_\_\_

Is supporting documentation attached? YES \_\_\_\_\_ NO \_\_\_\_\_

- a. TCNJ supervisor evaluation
b. Cooperating Teacher evaluation
c. When issue first appeared and what steps were taken

RECOMMENDATIONS

\_\_\_\_\_ The Review Team recommends:

Recommendations for successful placement (remediation/placement/plan): \_\_\_\_\_

Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Director - STEP Office Signature \_\_\_\_\_ Date \_\_\_\_\_ Dean of SOE - Signature \_\_\_\_\_ Date \_\_\_\_\_