

## **TEACHER CANDIDATE AGREEMENT**

I, the undersigned, hereby signify my intention of satisfying the student teaching requirement for an eligibility certificate in the State of Kentucky during the \_\_\_\_\_ school year at Alice Lloyd College.

I understand that the Director of Field Experiences in the Teacher Education Program will secure a school and a cooperating teacher for me to make possible the completion of the requirement. In signifying my intention to complete the student teaching semester, I enter into a three-way agreement as follows:

(A) With Alice Lloyd College, I agree to comply with the regulations of the Teacher Education Program concerning this activity as outlined in the Student Teaching Handbook. I understand that I am required to complete sixteen weeks in my student teaching assignment, that I am obligated to be present for each scheduled seminar on campus, that I am to perform my duties and responsibilities in an ethical and lawful manner, and that I am obligated to perform instructional and non-instructional tasks as suggested by the college supervisor and recommended by the cooperating teacher.

(B) With the district in which my cooperating school is located, I agree to observe the requirements of the district with regard to courses of study, acceptable hours of attendance, giving examinations, assigning grades, and attending faculty meetings and other school functions normally associated with teacher responsibilities and duties.

(C) With the cooperating school, I agree to observe the specific requirement of my particular school and to cooperate with the administration, cooperating teacher, instructional supervisors, and other personnel in every way possible.

I understand that I am responsible for reporting to my student teaching assignment every day that my school is in session. I also understand that I am not free to make private arrangements concerning any absence from my teaching assignment, either with an individual cooperating teacher or with a principal. Any such absences are to be approved first by the college supervisor. In case I am unable to report to my assignment at any time due to illness, impassable roads, or serious emergency, it is my responsibility to notify my cooperating teacher, my school, and my college supervisor.

In affirmation of my understanding of and commitment to comply with the above, I hereby give my signature.

Date \_\_\_\_\_ Signature \_\_\_\_\_

***THIS FORM MUST BE COMPLETED AND RETURNED TO THE DIRECTOR OF STUDENT TEACHING BEFORE STUDENT TEACHING BEGINS.***