

**Special Education 562
FIELD EXPERIENCE
EDUCATION SPECIALIST LEVEL 1: MILD/MODERATE
DISABILITIES CREDENTIAL PROGRAM**

Student's Name

Phone Number and Email

Cooperating Teachers Name (if applicable) and School Name

Phone Number

University Supervisor's Name

Phone Number and Email

Special Education 562
FIELD EXPERIENCE
EDUCATION SPECIALIST LEVEL 1: MILD/MODERATE DISABILITIES CREDENTIAL
PROGRAM

Course Description: Participatory observation in school settings under the supervision of a university supervisor and/or classroom teacher for Education Specialist Candidates and Approved Interns

This field experience is to be taken by students who are enrolled in the Education Specialist Level 1 program and not enrolled in student teaching sped 570 or sped 580. The main purpose of the school experience is to provide an opportunity for students to complete assignments from the observation and teaching methods courses. A university supervisor is assigned to each student. Each student will receive a credit/no credit grade.

2 Units

Contacts

Director of Field Placement: Jacki Gilmore 805-437-8525,
jacki.gilmore@csuci.edu

Special Education Coordinator & Advisor: Jill Leafstedt 805-437-2792,
jill.leafstedt@csuci.edu

Course Requirements

****Please see the section that pertains to you, field participant observer, intern or paraprofessional>**

Field Participant Observer

- Attend the first class meeting on campus for Sped 562 to receive your placement.

Students are participatory observers in classrooms. The field placement coordinator will arrange field placements for students. Students must observe 14 days for credit; absences or holidays need to be made up. Assignment times will vary depending on which school you are assigned to. You should plan on arriving 15 minutes before class starts and leaving 15 minutes after students leave. At the end of the semester your cooperating teacher will complete the Evaluation of Professional Dispositions. This will be shared with you and placed in your Fieldwork file in the Office of Field Placement. You will be evaluated for your grade on your professional disposition, attendance and your participation in meetings with your supervisor.

Assigned classroom time: 1 day per week

Policies for Participant Observers

You are a guest in the host school and are always under the immediate supervision of one or more cooperating teachers. Many schools encourage candidates to become an active member of the school faculty, assisting in activities and attending staff and parent-teacher meetings.

Attendance

If for any reason you are going to be absent, tardy or leave early contact your cooperating teacher, university supervisor and the school office at least one-half hour prior to the beginning of the school day. You are to attend weekly for 14 weeks. If you are absent, the hours must be made up by the end of the semester.

School Calendars

Very often public school calendars and university calendars do not match. You need to adhere to the district calendar for the school where you have been assigned. You are responsible for getting your timesheets turned into the Field Placement Office, BTW 1169. Your supervisor is responsible for turning in your evaluation.

Permission Forms

You must have the attached permission form signed for each student participating in any activities you do for CSUCI coursework.

Course Requirements

Paraprofessional

- Supervisor will contact you during the first week of classes to arrange a meeting time.

Students who are paraprofessionals and enrolled in sped 562 will receive support from their university supervisor during the semester. This support will assure students are able to complete assignments for their courses in their role as a paraprofessional. When this is not possible the university supervisor will work with you, your classroom teacher and site principal to arrange a time for you to visit other programs to complete your coursework. At the end of the semester a school site representative will complete the Evaluation of Professional Dispositions. This will be shared with you and placed in your Fieldwork file in the Office of Field Placement. You will be evaluated for your grade on your professional disposition and your participation in observations and meetings with your supervisor.

Policies for Paraprofessionals

Attendance

You are responsible for letting your supervisor know if you will not be at school the day a meeting or observation has been arranged.

Permission Forms

You must have the attached permission form signed for each student participating in any activities you do for CSUCI coursework. Please keep a copy of these forms in your record for future semesters.

California State University Channel Islands Evaluation of Professional Disposition

Student _____ Date _____

Semester _____

School _____

University Supervisor _____

Cooperating Teacher (if applicable) _____

Appraisal Scale:

AC	Achieved
IP	In Progress
NI	Needs Improvement
NO	Not Observed

Use the scale above for each of the professional qualities listed. During the participant observation the candidate:

Professional Dispositions	AC	IP	NI	NO
Demonstrates respect for and positive relationship with children				
Recognizes and acknowledges children by name				
Establishes rapport with colleagues				
Demonstrates positive response to professional growth				
Accepts constructive supervision for professional growth				
Attendance and punctuality indicate professional attitude				
Appearance indicates professional attitude				
Takes initiative in performing expected duties				
Demonstrates flexibility and adaptability				
Demonstrates poise and confidence in teaching environments				
Shows enthusiasm reflecting a positive attitude				
Shows sensitivity to the needs and feelings of others				
Engages in self-reflection to improve teaching and learning				
Shows sensitivity to the needs and feelings of others				
Communicates effectively with adults and children				

Supervisor's signature _____

Student Signature _____

Cooperating Teacher signature: _____

California State University Channel Islands

Education Program

*One University Drive
Camarillo, CA 93012
805-437-8594*

January, 2005

Dear Parents:

I am a California State University Channel Islands student enrolled in the Teaching Credential Program, preparing to be a special education teacher. A requirement of the program is that I observe children, teachers, and other school personnel in their daily school activities.

I would like to request your permission to observe your child during his/her daily school activities. I would also like to ask your permission to observe during your child's Individualized Education Plan (IEP) Meeting. If you would permit me to observe, all the information will be confidential. The information will only be shared with your child's teacher and my California State University Channel Islands' professors. Any papers that I turn in to the University will not include your child's name or any other identifying information such as your phone number, address, etc. If you would like further information, please contact your child's teacher or Dr. Jill Leafstedt at (805) 437-2792.

Thank you for your interest in helping me develop my skills in working with children, families, and professionals. If you give your permission to allow me to observe your child and at an IEP Meeting, please sign below and return this letter to your child's teacher.

Sincerely,

 Yes, I give permission for _____ to be observed and at an IEP Meeting.
child's name

No, I do not give permission for _____ to be observed.
child's name

Parent signature

 Yes, I give permission for the observation of _____ to be video-taped.
child's name

Parent signature

California State University Channel Islands

Programa de Educacion

*One University Drive
Camarillo, CA 93012
805-437-8594*

January, 2005

Estimados Padres:

Soy estudiante de la California State University Channel Islands en el Programa de Educación para la preparación de ser maestro de educación especial. Un requisito del programa es que observe los niños, maestros, y otro personal escolar en sus actividades diarias.

Me gustaría pedir su permiso para observar a su niño/a durante sus actividades en la escuela. También me gustaría pedir su permiso para observar durante la junta del plan educativo e individualizado (IEP) para su niño/a. Si me permitiera observar, toda la información será confidencial. La información sólo se compartirá con el maestro de su niño/a y mis profesoras a la universidad. Cualquier tarea que doy a la Universidad no incluirá el nombre de su niño/a o otra información de identificación como su teléfono o dirección. Si le gustaría más información, por favor llame al maestro de su niño/a o Dr. Jill Leafstedt a (805) 437-2792.

Muchas gracias por su interés en ayudarme a desarrollar mi habilidades para trabajar con niños, familias, y profesionales. Si me da su permiso para permitirme observar su niño/a y la junta del plan educativo e individualizado, por favor firme abajo y regrese esta carta al maestro de su niño/a.

Atentamente,

 Si, doy mi permiso para que _____ ser observado y a la junta del plan educativo y individualizado. nombre de su niño/a

No doy mi permiso para que _____ ser observado.
nombre de su niño/a

Firma del padre/madre

 Si, doy mi permiso para la observación de _____ ser grabado por video.

nombre de su niño/a

Firma del padre/madre