

**MENTOR TEACHER AGREEMENT FORM FALL 2024**  
**EDCN 5730: Independent Field Experience and Pedagogy Assessment**

**NAME OF ENDORSEMENT CANDIDATE:** \_\_\_\_\_

**MENTOR NAME:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**SCHOOL SITE:** \_\_\_\_\_

**Mentor's WA teaching certificate number (required):** \_\_\_\_\_

**Endorsement(s) listed on mentor certificate:** \_\_\_\_\_  
(Must match endorsement candidate is pursuing.)

**Please check ONE of the two options below:**

\_\_\_\_\_ I will host this SPU Add-on Endorsement candidate in my classroom for a two-week unit of guest teaching. I will document one formal observation, and will be available for the 10-week session (dates below) to provide guidance as I see fit/as the candidate requests.

\_\_\_\_\_ I will visit the classroom of this SPU Add-on Endorsement candidate to complete at least one documented observation and will be available for the 10-week session (dates below) to provide guidance as I see fit/as the candidate requests.

● **STATEMENT OF AGREEMENT:**

- I have taught for at least three years in the endorsement area I will be supervising. If I do not hold the endorsement, I will plan to send a resume exhibiting proficiency to endorse@spu.edu.
- I agree to be a mentor teacher and will supervise a field experience for the above named SPU student. I understand this is a volunteer position.
- The candidate will teach a 10 lesson unit, one of which I will formally observe.
- At the conclusion of the experience, I agree to provide a written evaluation of the candidate's teaching and a written recommendation for the endorsement area. I am prepared to complete this requirement virtually if necessary.

\_\_\_\_\_  
Mentor Teacher Signature

\_\_\_\_\_  
Date

**Course Dates: 9/30/2024-12/6/2024. EDCN 5730 student chooses a short window of time (usually two weeks) within the 10-week course to teach a unit in their new subject area.**

**SPU Endorsement Program: ADMINISTRATOR AGREEMENT FORM**  
**EDCN 5730: Independent Field Experience and Pedagogy Assessment**  
**FALL 2024**

**NAME OF ENDORSEMENT CANDIDATE:** \_\_\_\_\_

**Administrator Agreement**

ADMINISTRATOR NAME:

\_\_\_\_\_

Last	First
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SCHOOL: \_\_\_\_\_ PHONE: (    )    -

STATEMENT OF AGREEMENT:

I agree that the above named endorsement candidate may have a field experience in the chosen endorsement area within this school. I agree that the above named mentor (page 1) may assist the participant in their field experience.

\_\_\_\_\_

Administrator Signature	Date
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*NOTE: Since the Field Experience is completed by teacher with a current teaching certificate, verified by Seattle Pacific University, the teacher is responsible for securing a Field Placement and fulfilling any background requirements requested by the cooperating school/district, as well as for connecting with the district office if notification is required.*

**Course Dates: 9/30/24-12/6/2024**  
**EDCN 5730 student will choose a two-week window within the 10-week course to teach a unit in the new subject area.**