

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

NAME OF ENDORSEMENT CANDIDATE: _____

NAME OF MENTOR TEACHER: _____

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 5-10 lessons, one of which I will formally observe.
- At the conclusion of the experience, I agree to provide a written evaluation of the participant's teaching and a written recommendation for the participant's endorsement area. I am prepared to complete this requirement virtually if necessary.

Mentor Teacher Signature

Date

Course Dates: 1/3/2024-3/15/2024. EDCN 5730 student will choose 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
Winter 2024

NAME OF ENDORSEMENT CANDIDATE: _____

Administrator Agreement

ADMINISTRATOR NAME:

Last First

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

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.

Course Dates:1/3/2024-3/15/2024

EDCN 5730 student will choose a two-week window within the 10-week course to teach a unit in the new subject area.