

Teacher Candidate Master Accountability Record

Semester _____

Name _____ School Dist./Schools _____

Education Supervisor _____ Academic Supervisor _____

Mentor Teachers _____

Teacher Candidate Master Accountability Folder

Check the box showing verification and/or documentation for the following:

1 Signed verification of discussion with mentor teacher regarding the Student Teaching Handbook

2 Teacher Candidate's Schedule for each placement

3 Completed Teacher Candidate Checklist

Observations by supervisors:

Visitation/Contacts

4 #1 Date _____

5 #2 Date _____

6 #3 Date _____

7 #4 Date _____

Introductory Date _____

Other Date _____

4 - Observations by Mentor Teachers: (in any combination)

8 1st placement elementary

9 1st placement elementary

10 2nd placement elementary

11 2nd placement elementary

8 Secondary major

OR

9 Secondary major

10 Secondary major

11 Secondary major

Secondary minor

Secondary minor

Collaboration/Seminar Meetings (Group or with Supervisor, Teacher Candidate and Mentor Teacher)

12 Date _____

13 Date _____

14 **Teacher Candidate Mid-Term Student Teaching evaluation form.** To be completed by both the Teacher Candidate and Mentor Teacher. (for each placement) **Score** _____

Final Evaluations from Mentors:

15 1st Placement Elementary **Score** _____

16 2nd Placement Elementary **Score** _____

15 Secondary Major **Score** _____

16 Secondary Minor **Score** _____

Final Evaluation from Supervisors:

17 Education **Score** _____

Teacher Work Sample and graded rubric:

18 Education Supervisor **Score** _____

19 a b **Daily Accountability** form signed by all mentors

As the supervisor of the above teacher candidate, my signature verifies that all criteria have been met for a passing grade in student teaching.

Signed _____