

**Southern Utah University
Student Teacher Master Accountability Record**

Semester _____

Name _____ School Dist./School _____

Education Supervisor _____ Academic Supervisor _____

Mentor Teacher(s) _____

Student Teacher Master Accountability Folder
Check the box showing verification and/or documentation for the following AND place following documentation in File for return to Field Services Office:

- 1 Signed verification of discussion with mentor teacher regarding the Student Teaching Handbook
 2 Student Teacher's Schedule for each placement
 3 Completed Student Teacher Checklist

<u>Observations by supervisors:</u>	<u>Visitation/Contacts</u>
4 <input type="checkbox"/> #1 Date _____ 5 <input type="checkbox"/> #2 Date _____ 6 <input type="checkbox"/> #3 Date _____ 7 <input type="checkbox"/> #4 Date _____ <input type="checkbox"/> #5 Date _____ <input type="checkbox"/> #6 Date _____	Introductory <input type="checkbox"/> Date _____ Other <input type="checkbox"/> Date _____ <input type="checkbox"/> Date _____

Four – Five (4-5) Observations by Mentor Teachers: (in any combination)

- | | | |
|--|--|--|
| 8 <input type="checkbox"/> Elementary
9 <input type="checkbox"/> Elementary
10 <input type="checkbox"/> Elementary
11 <input type="checkbox"/> Elementary or SpEd | 8 <input type="checkbox"/> Secondary
9 <input type="checkbox"/> Secondary
10 <input type="checkbox"/> Secondary
11 <input type="checkbox"/> Secondary major/minor | <input type="checkbox"/> SpEd/MS Math Endorsement
<input type="checkbox"/> SpEd/MS Math Endorsement |
|--|--|--|

12 **Student Teacher Mid-Term Student Teaching evaluation form.** To be completed by both the Student Teacher and Mentor Teacher. **Passing: Yes or No**

Final Evaluations from Mentors: (include scores by section—3 scores should be listed on a line)

13 Elementary **Score** _____
 14 SpEd or MS Math **Score** _____

13 Secondary Major **Score** _____
 14 Secondary Minor (if applicable) or SpEd **Score** _____

Final Evaluation from Teacher Education Supervisor and/or Academic Supervisor:

15 Education **Scores** _____

Praxis Performance Assessment for Teachers:

16 Education Supervisor **Scores** _____

17 a b **Daily Accountability** form complete and initialed, weekly, by mentors

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

Signed _____

Date _____