



# University of New Hampshire

College of Professional Studies  
Center for Educator Preparation (CEP)

**Teacher Candidate:**

**Date:**

**Licensure Program:**

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## CLINICAL EXPERIENCE EDUCATOR AUTHORIZATION

Clinical Experience Educators must be experienced educators with a minimum of five years of teaching experience in the clinical placement they are supervising, and must hold the NHED teacher certification(s) (or an equivalent Out of State license) in the area(s) the teacher candidate is seeking. In some cases, two or more Clinical Experience Educators may be needed in order to address all grade levels and licensure areas of a CEP program.

Clinical Experience Educator 1	Clinical Experience Educator 2
Name:	Name:
Teaching License(s):	Teaching License(s):
Telephone Number:	Telephone Number:
Email:	Email:
Degree attained:	Degree attained:
Years of Teaching Experience:	Years of Teaching Experience:
School:	School:
School Street Address:	School Street Address:
City/Town and Zip Code:	City/Town and Zip Code:

In the space below, please briefly describe the school setting in which you will be completing your clinical hours.

**School Name-**

**Location-**

**Grade Level you will be in-**

**Designation (public, private, charter, etc.)-**

**ATTACH CURRENT COPY OF CLINICAL EXPERIENCE EDUCATOR'S TEACHING LICENSE**

Email a copy of your CEE Authorization Form AND a copy of your CEE's current teaching license to:  
[soestudentdocuments.cps@unh.edu](mailto:soestudentdocuments.cps@unh.edu)

**Teacher Candidate:**

- ☐ I understand that the Center for Educator Preparation faculty will contact my Clinical Experience Educator regarding my development in my clinical placement which includes but is not limited to my ability to prepare lessons, implement effective instructional strategies, write measurable objectives, design and implement aligned assessments, gather and analyze student data, and demonstrate professional responsibilities.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Clinical Experience Educator:**

I understand the above student is a teacher candidate at the Center for Educator Preparation at UNH's College of Professional Studies in the Teacher Licensure program. I am willing to provide guidance, feedback, and support in accordance with the [Clinical Experience Educator Information Page](#). I verify that this teacher candidate is currently working/volunteering in the placement listed above. I understand that the Center for Educator Preparation faculty will contact me regarding this student's growth in their placement.

**Clinical Experience Educator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Principal:**

**Our school:** \_\_\_\_\_ **agrees to enter into a limited agreement with *The Center for Educator Preparation at UNH's College of Professional Studies*. As a professional partner, the *Cooperating School System* agrees to accept this student placement from *The Center for Educator Preparation at UNH's College of Professional Studies*.**

**Center for Educator Preparation at UNH's College of Professional Studies:**

- 1. The Center for Educator Preparation agrees to maintain a productive professional relationship with the *Cooperating School System* by having the Coordinator of Clinical Placement work in close collaboration with school and system personnel to adequately supervise all Center for Educator Preparation's placements.**
- 2. The Center for Educator Preparation's administrators will maintain ongoing communication with the appropriate Cooperating School administrators regarding all placements.**
- 3. The Center for Educator Preparation agrees to have the student placement follow Cooperating School system policies, procedures, and professional conduct expectations consistent with the**

expectations of all Cooperating School personnel.

4. The Center for Educator Preparation agrees to inform the Cooperating School administrators or other appropriate personnel (school principal, and school site-supervisor) of any serious issue(s) concerning the program or individual student placements.

5. The Center for Educator Preparation recognizes that some students may be employees of their placement school districts. Student teaching experiences are expected to be conducted beyond regular job responsibilities.

6. The Center for Educator Preparation's faculty will observe teacher candidates intermittently throughout their program. At least three of these observations will be conducted in person at the cooperating school. Additionally, Clinical Placement Faculty may coordinate remote observations using technology when coaching and assessing teacher candidates. Technology will be used only as a portal to observe synchronously and no recording will take place during these sessions.

#### **COOPERATING SCHOOL SYSTEM**

1. The Cooperating School System agrees to provide appropriate space in which the student placement can work.
2. The Cooperating School System agrees to allow the student placement to work directly with students, in individual, small group and large group instruction.
3. The Cooperating School System will encourage school/system personnel to be receptive to working in close collaboration with the student placement.
4. The Cooperating School System agrees to immediately inform the Coordinator of Clinical Placement at the Center for Educator Preparation of any serious issues concerning the program or individual student placements.

**\*Please check one of the following:**

- ☐ I agree to permit UNH faculty to observe this teacher candidate using an unrecorded synchronous platform when a remote observation is scheduled by the teacher candidate and Clinical Placement Faculty.
- ☐ I would like to speak to the Coordinator of Clinical Experiences regarding remote observations.

**Building Principal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Center for Educator Preparation Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Questions? Contact [holly.bross@unh.edu](mailto:holly.bross@unh.edu) .via email.