



Field Experience Contract Cover Letter

Dear Clinical Teacher,

Thank you for agreeing to supervise one of our students in your classroom and to serve as the Clinical Teacher. You play a critical role in the preparation of future educators.

The faculty, administrators, and staff involved in our Teacher Education Program at UM's School of Education have prepared the Field Experience Handbook to assist you and our students in navigating this exciting part of the program.

You may access the Field Experience Handbook at <http://education.miami.edu/dtep>. Please familiarize yourself with guidelines and procedures as well as expectations for our students in the field.

Please keep in mind that students are to complete required assignments as part of the field experience placement. We trust you will provide them with the opportunity to complete these assignments in your classroom.

If you have any questions, please contact Gina Astorini at 305-284-3826.

Sincerely,

Gina F. Astorini
University of Miami
School of Education
Director of Undergraduate Academic Services



CONTRACT

Student's Name	<input type="text"/>	Student C#	<input type="text"/>
Local Address	<input type="text"/>	Telephone #	<input type="text"/>
Professor(s)	<input type="text"/>	Course(s)	<input type="text"/>
Clinical Teachers	<input type="text"/>	Section(s)	<input type="text"/>
School	<input type="text"/>	Subject/Grade	<input type="text"/>
Days and Hours	<input type="text"/>	Room #	<input type="text"/>

The Clinical Teacher and I have met to discuss the requirements of the program. I understand what is required of me and of the Clinical Teacher regarding the Field Experience Program.

Student Signature

Date

I have read the Clinical Teacher Handbook and documentation. The student and I have met to discuss the program requirements and I understand what is expected of me and of the student regarding the Field Experience Program. The above student and I have arranged a satisfactory schedule, whereby the required number of hours for the Field Experience Program can be completed.

Clinical Teacher Signature

Date

If there are any questions, please contact the OFFICE OF UNDERGRADUATE ACADEMIC SERVICES, 312 MERRICK, (305) 284-3826.

Revised: Dec. 2011