

**SEATTLE PACIFIC UNIVERSITY
APPLICATION FOR EDCA 5912 TEACHING ENDORSEMENT
INDEPENDENT FIELD EXPERIENCE**

This form is to be submitted to the **Endorsement Coordinator**. Official transcripts (unofficial for SPU transcripts) documenting endorsement courses that have been completed must be on file in the Certification Office.

NAME _____
Last First Middle Maiden

ADDRESS _____
Street

City State Zip

TELEPHONE _____
Home (area code + number) Business (area code + number)

EMAIL ADDRESS _____

WASHINGTON STATE TEACHING CERTIFICATE:

Number Type Expiration Date

WHAT ENDORSEMENT ARE YOU APPLYING FOR? _____

LOCATION OF SELECTED FIELD EXPERIENCE:

School Mailing Address Telephone

DATES OF FIELD EXPERIENCE:

From (month & day) Until (month & day) Hours weekly Total Hours

NAMES OF RECOMMENDING TEACHER AND ADMINISTRATOR:

Teacher Administrator

**EDCA 5912 TEACHING ENDORSEMENT
VERIFICATION OF FIELD EXPERIENCE**

This form is to be submitted to the **Faculty Instructor** at the completion of the field experience. It should be included in the portfolio of materials under category—*G. Written Feedback and Evaluations from Mentor Teacher, Administrator, etc.*

NAME _____
Last First Middle Maiden

ADDRESS _____
Street

City State Zip

TELEPHONE _____
Home (area code+ number) Business (area code + number)

EMAIL ADDRESS _____

WASHINGTON STATE TEACHING CERTIFICATE:

Number Type Expiration Date

WHAT ENDORSEMENT ARE YOU APPLYING FOR?

LOCATION OF SELECTED FIELD EXPERIENCE:

School Mailing Address Telephone

DATES OF FIELD EXPERIENCE:

From (month & day) Until (month & day) Hours weekly Total Hours

NAMES OF RECOMMENDING TEACHER AND ADMINISTRATOR:

Teacher Administrator

I have observed the above candidate provide instruction to students in the area of endorsement under study. I can attest that student learning was positively impacted as the result of the candidate's planning, instruction, and assessment throughout this quarter.

Signature of Teacher or Administrator

Date Signed

SEATTLE PACIFIC UNIVERSITY
EDCA 5912 TEACHING ENDORSEMENT INDEPENDENT FIELD EXPERIENCE
MENTOR TEACHER AND ADMINISTRATOR AGREEMENT FORM
(Submit to Endorsement Coordinator along with Field Experience Application.)

NAME OF FIELD EXPERIENCE APPLICANT _____

NAME OF MENTOR TEACHER _____

Last First

ADDRESS _____
Street City State Zip

TELEPHONE _____
Home (area code + number) Business (area code + number)

EMAIL ADDRESS _____

WASHINGTON STATE TEACHING CERTIFICATE:

Number Type Expiration Date

*HOW MANY YEARS HAVE YOU TAUGHT IN THE ENDORSEMENT AREA? _____

*Note: To qualify for a mentor teacher, you must have at least three years of teaching experience and be certified in the selected endorsement area.

STATEMENT OF AGREEMENT:

I agree to be a mentor teacher and will supervise a field experience for the participant from _____ until _____. The participant will teach _____ hours (month, day, year) (month, day, year) weekly. 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.

Mentor Teacher Signature Date

NAME OF ADMINISTRATOR _____
Last First

SCHOOL _____ TELEPHONE _____
(area code + number)

EMAIL ADDRESS _____

STATEMENT OF AGREEMENT:

I agree that the participant may have a field experience in the chosen endorsement area from _____ until _____. The participant will teach _____ hours weekly. I agree that the above named mentor may assist the participant.

Administrator Signature Date