



SUBSTITUTE TEACHING READINESS FORM

Student Name: _____ WIN # _____

Program: EED SED ECE SPED ART HPHE WFED/FCS MSC SPPA

Major: _____ Minor: _____

Address: _____ City: _____ Zip Code: _____

Telephone Number: _____ E-Mail: _____

INTERNSHIP INFORMATION:

Semester: _____ Location: _____ Clinical Instructor: _____

INTERN STATEMENT OF UNDERSTANDING:

I am prepared to substitute teach for my Cooperating Teacher.

Intern Teacher Signature: _____

Date: _____

COOPERATING TEACHER STATEMENT OF SUPPORT:

I have observed my intern in front of the class and am in support of my intern substitute teaching in my classroom.

Cooperating Teacher Signature: _____

Date: _____

BUILDING PRINCIPAL STATEMENT OF SUPPORT:

I am in support of the cooperating teacher.

Building Principal Signature: _____

Date: _____

CLINICAL INSTRUCTOR STATEMENT OF SUPPORT:

I have observed the intern in Seminar and in front of the class and am in agreement with the cooperating teacher and building principal.

Clinical Instructor Signature: _____

Date: _____

WMU OFFICE OF CLINICAL EXPERIENCES REVIEW:

Date Received: _____

Is the Intern on a Plan for Improvement? Yes No

Decision: Accepted Denied