GRADUATE HANDBOOK OF CLINICAL EXPERIENCES

M.S.Ed. Early Childhood Education

Fall 2014
Clinical Requirements for Illinois Licensure in Early Childhood

The state of Illinois requires that early childhood teacher candidates have different levels of clinical experience with different age groups within the licensure age range of birth to age eight (or grade three). Clinical experiences include both pre-student teaching experiences and student teaching. Especially for those seeking an initial (first) Illinois educator's license, these clinical experiences must be thoroughly evaluated and documented. This handbook is designed to make this process straightforward.

The clinical requirements are generally met with the following courses:
- SEEC 586, Internship (pre-student teaching experience) - 1 Credit Hour with programs serving Infants and toddlers – (30 contact hours)
- SEEC 582, Preprimary Clinical Experience - 1 Credit Hour with Preschool
- SEEC 583, Primary Clinical Experience - 2 Credit Hours with Primary (1st, 2nd, or 3rd)
- SEEC 585A, Preprimary Student Teaching – 8 weeks full-time
- SEEC 585B, Primary Student Teaching – 8 weeks full-time

Depending on your previous professional experience, you may have to complete all or part of this coursework to be licensed. Your first step in the process of verifying and completing professional life experience is to complete the survey on the following 2 pages and submit it to your faculty mentor as soon as possible. You may choose to email or send the forms via US mail to your mentor before you meet.

NIU Conceptual Framework

The NIU community of learners builds on knowledge, practice, and reflection to produce exemplary educators. The community encompasses scholars, education professionals, and pre-service teachers in an interaction that develops the strengths that embody excellence in education. These strengths include creative and critical thinking, scholarship, and caring. Application of these strengths emerges through the collaborative efforts of a diverse community that supports lifelong learning.
Survey of ECE Masters Candidates
Professional Life Experience

Name_____________________________________________ Date_________________

Z ID__________________________________ e-mail _______________________

**Teaching Credentials:** List all licenses, certificates, endorsements, and approvals. See example in italics.

<table>
<thead>
<tr>
<th>State</th>
<th>Credential Name and Number</th>
<th>Still Valid?</th>
</tr>
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<tbody>
<tr>
<td>Illinois</td>
<td><strong>Elementary Education</strong></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Do you have credentials other than state teaching credentials? (For example, a Child Development Associate or Early Intervention credential?) Please list and describe:

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**Professional experience** with young children: List all supervised experiences. If you own your own childcare business, list “self” as supervisor, but attach contact information for someone who can attest to your professionalism.

1. Institution __________________________________________________________
   Address __________________________________________________________________
   Supervisor ___________________________________ Your Title __________________
   Age(s) of children ___________ Dates: From ___________ to ___________
   Responsibilities ____________________________________________
   ________________________________________________________________________

2. Institution __________________________________________________________
   Address __________________________________________________________________
   Supervisor ___________________________________ Your Title __________________
   Age(s) of children ___________ Dates: From ___________ to ___________
   Responsibilities ____________________________________________
   ________________________________________________________________________
3. Institution _________________________________________________________________________
Address __________________________________________________________________________
Supervisor ___________________ Your Title _____________________________________________
Age(s) of children __________ Dates: From ___________ to ___________
Responsibilities _________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

4. Institution _________________________________________________________________________
Address __________________________________________________________
Supervisor ___________________ Your Title _____________________________________________
Age(s) of children __________ Dates: From ___________ to ___________
Responsibilities _________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

5. Institution _________________________________________________________________________
Address __________________________________________________________
Supervisor ___________________ Your Title _____________________________________________
Age(s) of children __________ Dates: From ___________ to ___________
Responsibilities _________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

6. Institution _________________________________________________________________________
Address __________________________________________________________
Supervisor ___________________ Your Title _____________________________________________
Age(s) of children __________ Dates: From ___________ to ___________
Responsibilities _________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Employment: Where are you presently employed? __________________________________________
________________________________________________________________________________
________________________________________________________________________________
Verifying and Evaluating Professional Life Experience

After reviewing your survey, your faculty mentor will work with you to develop a customized plan for clinical experience that takes into account your previous professional experience, your employment opportunities, and any previous credentials. The official policy on Professional Life Experience is in the box below.

PROFESSIONAL LIFE EXPERIENCE

Life experience may be substituted for part or all of pre-student teaching clinical experiences and student teaching if the following four conditions are satisfied:

1. Full time employment in the grade level and discipline for which the candidate is seeking certification and for an appropriate length of time, as determined by the program.

2. Documentation that the life-experience was a single, continuous experience that was monitored and/or evaluated at a satisfactory level of performance to meet the NCATE Standards, ISBE student teaching requirements, and program objectives.

3. Letter of recommendation from the administrator of the school in which the experience was completed verifying that the candidate’s performance was equal to or greater than that of a student teacher or clinical student successfully completing a traditional experience.

4. Written recommendation from the NIU certification program supervisor that the candidate’s performance in the experience was equivalent to or greater than that expected of a candidate successfully completing the traditional student teaching or clinical experience.

Qualified professional experiences must be documented. For the SEEC 586 Internship, and the SEEC 582 and 583 pre-student teaching experiences, a letter is required from the supervisor of the program in which you worked. The letter should state the following: 1) ages of the children you taught; 2) length of time in the position and average hours per week; 3) your responsibilities (should include planning and conducting activities, guiding young children, etc.); and, 4) confirmation of your satisfactory performance in the position. The letter must be signed and on organization letterhead. For the SEEC 585 Student Teaching experiences, both a letter and an evaluation are required. The letter should have the same elements as described above. The evaluation form is the Early Childhood Student Teacher Evaluation (attached).
Procedures for Pre-Student Teaching Experiences

A passing score on the Test of Academic Proficiency (or equivalent) is required before enrollment in any clinical experience.

Candidates also must have a valid TB test on file, and must have completed the Safety Tutorial and Mandated Reporter Training.

INFANT-TODDLER CLINICAL

Hours
1. Minimum of 30 contact hours of observation/participation/agency activities
2. Students are encouraged to participate to the fullest extent allowed by the organization

Placement procedures
1. Contact the program coordinator for assistance in making contacts. Agencies serving infants and toddlers in family-based and/or childcare settings are the most common placements. If selecting a childcare option, you may arrange your placement in a NAEYC-accredited center and seek the approval of the clinical instructor.
2. Placement must be focused on service to children under three years of age.

Forms and paperwork
1. Prior to the first day in the field, students submit an Infant-Toddler Clinical Placement Record to the clinical instructor (see attached).
2. Upon completion of the 30 hours of observation, students submit a 2-3 page reflective paper and a record of hours signed by your supervisor in the field to your clinical instructor.

PRE-K CLINICAL

Hours
1. Minimum of 30 contact hours of hands-on participation
2. Generally speaking, students spend 12 half-days in the classrooms
3. Students are expected to be actively engaged (e.g., reading stories, engaging in free play, organizing and supervising craft projects, working with small groups) and complete the portfolio assignment for the course.

Placement procedures
1. Placements are made in state-funded pre-k classrooms
2. Placements are arranged by clinical staff. You must submit your request the prior January for a fall placement.

Forms and paperwork
1. During the January before you plan to complete the pre-k clinical, submit a Pre-K/Primary Clinical Placement Request to the Clinical Office, Gabel 161 (see attached)
2. Submit forms and assignments as required by your clinical instructor.
PRIMARY CLINICAL

Hours
1. Minimum of 60 contact hours of hands-on participation
2. Generally speaking, students spend 16 or more full days in the classroom
3. Students are expected to be actively engaged and taking on as many classroom responsibilities as possible (e.g., planning lessons, leading reading groups, working with small groups and whole class activities, designing bulletin boards)

Placement procedures
1. Placements must be in a primary grade classroom (1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> grade)
2. Apply for your placement in the Clinical Office, Gabel 161, the January prior to the fall in which you will complete the clinical.

Forms and paperwork
1. During the January prior to the fall in which you plan to complete the primary clinical, submit a Primary Clinical Placement Request to the Clinical Office, Gabel 161 (see attached) and provide any other paperwork they request.
2. Complete all assignments required by the clinical instructor.
3. See opportunities to take responsibility in the classroom as offered by your Cooperating Teacher.
Infant-Toddler Placement Record

Student___________________________________________________________

Student Phone___________________________ E-mail________________________________

Organization___________________________________________________________

Director/Contact__________________________________________________________

Address______________________________________________________________
________________________________________________________________________

Phone___________________________ E-mail________________________________

Cooperating Teacher_______________________________________________________

Age range of children in assigned room_______________________________________

Schedule of Observations (Dates and Times as Arranged)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature___________________________________Date____________________
Pre-K/Primary Clinical Placement Request

Student _______________________________________________________________________

Student Phone ___________________________ E-mail __________________________

Semester for which placement is needed ________________________________

Circle One

Pre-K  Primary

Scheduling Preferences and rationale __________________________________________

__________________________________________________________________________

__________________________________________________________________________

Student Signature ___________________________ Date ________________
NORTHERN ILLINOIS UNIVERSITY – DEPARTMENT OF TEACHER EDUCATION

WEEKLY EVALUATION FORM
EARLY CHILDHOOD CLINICAL EXPERIENCES

STUDENT TEACHER: _______________________________  DATE: ____________________

COOPERATING TEACHER: _________________________  SCHOOL: ________________

Please rate the clinical student on the following statements according to the following scale:

1. Agree Strongly  4. Disagree
2. Agree          5. Disagree Strongly
3. About Equal Balance Between Agree and Disagree  6. NA – Non Applicable

1. **COMFORT LEVEL:** The clinical student seems comfortable working with children. S/he seems to understand children, relates to them in developmentally appropriate ways, establishes a good rapport, and seems at ease overall.

2. **INITIATIVE:** The clinical student takes initiative in the classroom. S/he is a self-starter and displays a willingness to ‘go the extra mile.’

3. **CLASSROOM MANAGEMENT:** The clinical student demonstrates a good working knowledge of and ability to manage classroom behavior. S/he has appropriate expectations of children’s classroom behavior, responds with sensitivity but appropriate firmness, and utilizes a range of interventions and group management skills.

4. **ASKING FOR HELP:** The clinical student asks questions and seeks out information, help, and support in appropriate ways. S/he is not afraid to admit mistakes, correct mistakes, and learn from others’ feedback and expertise.

5. **ENTHUSIASM:** The clinical student is generally enthusiastic and energetic. S/he maintains a high tone and sets an inviting atmosphere in the classroom.

6. **TEACHING POTENTIAL:** This clinical student demonstrates ample and adequate teaching potential.

**Do you recommend that a professional staffing be held to review this student’s clinical status at this point?**  YES  NO

**Comments** (please include both positive feedback and specific concerns):

Cooperating Teacher Signature  Student Teacher Signature  Supervisor Signature

White:  Student Teacher
Canary:  Cooperating Teacher
Pink:  Supervisor
Directions: This evaluation form must be completed for each student at the end of each early clinical experience related to professional education programs at NIU. It should be signed and distributed as indicated below.

Student’s Name ___________________________ SS# ___________________________ Semester __________

Course Number (i.e., TLEC 582 or TLEC 583) ___________________________ Major ___________________________ Clock Hours __________

Clinical Setting (city, school, grade level, etc.) ___________________________

Description of work done in clinical experience: ___________________________

Please rate the student’s performance, based on the objectives of this particular experience:

☑ Excellent ☐ Very Good ☐ Average ☐ Below Average ☐ Unacceptable

Comments to support rating: ____________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Cooperating Teacher Signature ___________________________ Date __________

Please rate the student’s performance, based on the objectives of this particular experience:

☑ Excellent ☐ Very Good ☐ Average ☐ Below Average ☐ Unacceptable

Comments to support rating: ____________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Do you recommend an extended early clinical experience? 1. Yes 2. No

Do you recommend a student performance review for this student at this point? ☐ Yes ☐ No

University Supervisor Signature ___________________________ Date __________

Student Signature ___________________________ Date __________

White: Advising Office
Canary: Student
Pink: Supervisor
Procedures for Student Teaching Experience

Hours
1. Student teaching is a full-time teaching experience.
2. Ordinarily students are required to satisfactorily complete two eight-week student teaching experiences (eight weeks in Preschool/Kindergarten and eight weeks in first, second, or third grade).

Placement Procedures
1. One year before the student teaching semester, attend a meeting with Clinical Office personnel and complete paperwork.
2. Pass the Early Childhood Content Test.
3. Register for the edTPA for the Student Teaching semester
The following competencies are based on the NAEYC Standards and aligned with the NIU Conceptual Framework. The level of performance is indicated by a U for Unsatisfactory, D/C for Developing with Concerns, D/P Developing and Progressing without Concerns, and P for proficient (Level of a beginning teacher).

### Standard 1: Promoting Child Development and Learning

<table>
<thead>
<tr>
<th>Competency</th>
<th>U</th>
<th>D/C</th>
<th>D/P</th>
<th>P</th>
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</thead>
<tbody>
<tr>
<td>1a Provides meaningful rationale for adjustments in the learning environment</td>
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<tr>
<td>1b Adjusts/maintains the environment to support children’s health</td>
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<tr>
<td>1c Adjusts/maintains the environment to respect children’s culture &amp; individuality</td>
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<tr>
<td>1d Adjusts/maintains the environment to promote children’s overall development</td>
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<tr>
<td>1e Adjusts/maintains the environment to challenge children to gain new competencies</td>
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### Standard 2: Building Family and Community Relationships

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<tr>
<th>Competency</th>
<th>U</th>
<th>D/C</th>
<th>D/P</th>
<th>P</th>
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<tbody>
<tr>
<td>2a Uses varied strategies to communicate with families</td>
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<tr>
<td>2b Links families with key community resources</td>
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<td>2c Seeks resources for children in need</td>
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<tr>
<td>2d Uses a variety of approaches to involve families and members of the community in children’s education, modifying approaches when first attempts fail</td>
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<tr>
<td>2e Seeks ways to collaborate with children, families, colleagues, and others in the wider community</td>
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### Standard 3: Observing, Documenting, and Assessing to Support Young Children and Families

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<tr>
<th>Competency</th>
<th>U</th>
<th>D/C</th>
<th>D/P</th>
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<tbody>
<tr>
<td>3a Observes, documents, and assesses children’s learning on a regular basis</td>
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<td>3b Uses a variety of assessment techniques</td>
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<td>3c Uses assessment information to guide practice</td>
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<td>3d Interprets assessment results judiciously &amp; responsibly</td>
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<td>3e Has a team orientation with families and colleagues when communicating about assessment issues and results</td>
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<td>3f Safeguards confidential and sensitive information when networking on behalf of children and families</td>
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### Standard 4: Using Developmentally Effective Approaches

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<th>Competency</th>
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<th>D/C</th>
<th>D/P</th>
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<tr>
<td>4a Respects and utilizes the strengths of all members of the educational community (children, families, colleagues)</td>
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<td>4b Draws from a continuum of teaching strategies</td>
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<td>4c Uses the environment and daily routines effectively</td>
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<tr>
<td>4d Capitalizes on incidental learning opportunities</td>
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<td>4e Teaches through social interaction</td>
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<td>4f Supports children’s play</td>
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<td>4g Addresses children’s challenging behaviors productively</td>
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<td>4h Uses technology effectively</td>
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<tr>
<td>4i Tailors curriculum to children’s characteristics, needs, and interests</td>
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<tr>
<td>4j Modifies curriculum and classroom environment to be inclusive and supportive of culture and language differences</td>
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<tr>
<td>4k Fosters oral language development and communication</td>
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### Standard 5: Using Content Knowledge to Build Meaningful Curriculum

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<th>Competency</th>
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<th>D/C</th>
<th>D/P</th>
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</thead>
<tbody>
<tr>
<td>5a Takes an integrative approach to curriculum</td>
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</table>
5b Is creative in planning curriculum that is motivating and challenging for children
5c Fosters children’s security and self-regulation
5d Fosters children’s competence in problem-solving, academic skills, and social skills
5e Plans curriculum that challenges children in all academic areas

<table>
<thead>
<tr>
<th>Standard 6: Becoming a Professional</th>
<th>U</th>
<th>D/C</th>
<th>D/P</th>
<th>P</th>
</tr>
</thead>
</table>
6a Seeks leadership opportunities in the field of early childhood education |   |     |     |   |
6b Is a member of or participates in a professional organization |   |     |     |   |
6c Is aware of the NAEYC Code of Ethical Conduct and uses it to resolve dilemmas |   |     |     |   |
6d Applies relevant legal standards and professional guidelines in everyday situations |   |     |     |   |
6e Seeks opportunities to learn and develop as a professional |   |     |     |   |
6f Uses critical feedback from colleagues and supervisors for professional improvement |   |     |     |   |
6g Collaborates with other professionals across disciplines and settings |   |     |     |   |
6h Reflects on and analyzes his/her own practice |   |     |     |   |
6i Seeks to resolve differences through open and respectful communication |   |     |     |   |
6j Advocates for the child’s point of view |   |     |     |   |

Do you recommend this student for certification by the State of Illinois?  ____YES  ____NO

Comments:

Cooperating Teacher ___________________ Date ___________ Student Teacher ___________________ Date ___________