

Handbook Verification Document



**Clemson University Office of Field and Clinical Partnerships and Outreach
Verification of Receipt of the Field & Clinical Experience Handbook.**

The Field & Clinical Experiences Handbook serves as a guide for Clemson University teacher candidates, at all stages of their programs. The handbook outlines important information regarding policies, procedures, responsibilities and other related information associated with clinical field experiences. Therefore, teacher candidates may be required to sign a statement indicating that they are aware of policies and procedures outlined in this handbook.

Below is a summary of the information included in this handbook. The list should not be considered as an exhaustive list of the content and information that is required to successfully complete the teacher preparation program. Teacher candidates are responsible for reading and understanding the contents of this handbook to gain an understanding of:

- roles and responsibilities associated with clinical field experiences;
- procedures for continuance and dismissal from the teacher preparation program
- academic requirements and assignments associated with clinical field experiences
- expectations of professional behaviors and advocacy during clinical field experiences
- standards for teacher performance and how they are evaluated or assessed during clinical field experiences

All teacher candidates are asked to sign acknowledging electronic receipt of the Field & Clinical Experiences Handbook. Teacher candidates will receive an electronic copy of this verification form through Chalk & Wire. You are required to sign and submit the form, prior to the start of field and clinical experience(s). (Faculty for courses requiring this document will provide specific deadlines for your submission.) Your signed document will be kept on file as an official record of your acknowledgement of electronic receipt and agreement to comply with the policies, mandates, and procedures of the College of Education Office of Field and Clinical Partnership and Outreach.

YOUR CUID AND PROGRAM NAME ARE REQUIRED FOR SUBMISSION.

CUID#: _____ Program: _____
(e.g. Early Childhood, Math
MAT)

Teacher Candidate's Name (Print): _____

Teacher Candidate's Signature: _____

Date: _____
MO/DA/YEAR