



Clinical Internship Handbook

A Guide for Clinical Interns

2026-2027

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Welcome!	4
CLINICAL INTERN	5
Policies, Responsibilities and Procedures	5
Eligibility Requirements to Submit a Clinical Internship Application and to Begin the Clinical Internship	5
Policies	5
Attendance	5
Absences	5
Tardiness	6
Arrival and Departure	6
Faculty Meetings/Parent-Teacher Conferences/Professional Development	6
Pregnancy/Surgery/Other Medical Conditions, etc.	6
Seminar Course	6
Inclement Weather	7
Calendar	7
Classroom Observations	7
Etiquette	7
Gum and Food	7
Lunch	7
USI Professional Dress Code	8
Clinical Intern Disposition Inventory Policy	10
Professional Communication, Use of Technology, and Social Media	11
Cell Phones and Electronic Devices	11
Email	12
Social Media and Public Image	12
Law of Subsidiarity	12
Accidents/Injuries	12
Clinical Internship Placement Termination Policy	12

Responsibilities and Procedures.....	13
Time Log.....	13
USI Consent for Release of Information and Self-Disclosure Form.....	14
Clinical Intern Disposition Inventory	14
Participation in Athletics and USI Sponsored Groups	15
Tutoring During the Clinical Internship Semester.....	15
Professional Development Requests.....	15
USI Substitute Teacher Program for Clinical Interns	15
Lesson Plans and the Planning Notebook.....	16
A. Lesson Plans	16
B. Planning Notebook.....	17
C. Weekly Reflections	17
Assessments	17
Synthesis Phase Midterm Assessment and Midterm Disposition Inventory	17
Final Assessments.....	18
Co-Teaching Procedures	18
Co-Teaching at USI.....	18
Co-Teaching Strategies	19
Clinical Internship Grade (EDUC 424, 431, 471, 473)	20
Clinical Internship Seminar Grade (EDUC 458).....	20
State Licensing Tests	21
Applying for a Teaching License	21
Synthesis Phase Clinical Intern Competencies (assessed in the Synthesis Phase Assessments).....	21
Observation Indicators for Clinical Internship.....	23
Clinical Internship Handbook Signature Page	23
Clinical Intern Checklist.....	23
Director of Clinical Internships.....	25



Welcome!

**“The best part of teaching is that it matters.
The hardest part of teaching is that every moment matters every day.”**
Todd Whitaker

The clinical internship semester is a pivotal time in the development of a clinical intern. The clinical internship marks the transition from being a college student to becoming a professional educator. During this semester, clinical interns will be fully immersed in the daily work of teaching. They will participate in planning curriculum, delivering instruction, managing the classroom, and assessing student learning. Clinical interns must abide by all policies and procedures outlined for faculty and staff and must be mindful that they are guests in the school. Clinical interns should consider it a privilege to be a part of the education of a student.

The clinical internship is a full-time, 16-week experience. The semester can be rewarding, challenging, and overwhelming – all at the same time. Please do not underestimate the full-time nature of this endeavor. If clinical interns attend to all the duties expected, they will work long hours. If clinical interns hold a part-time job during the clinical internship semester, the first priority must be the clinical internship. Good time management and organizational skills will result in a successful experience.

There are many people who have a vested interest in a clinical intern’s success. Along with the university supervisor and cooperating teacher, the entire faculty in the Teacher Education Department at USI offers their support and extends best wishes to each intern.

Sincerely,

Ms. Lisa Bartley, M.S. Ed.
Director of Clinical Internships
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CLINICAL INTERN

Policies, Responsibilities and Procedures

A **clinical intern** is a clinical intern in the final year of USI's teacher preparation program who is completing a full-time, supervised teaching experience. This internship is a critical step toward becoming a licensed educator. Clinical interns work closely with a **cooperating teacher** in the classroom and receive ongoing support and guidance from a **university supervisor** to develop and refine their teaching skills in a real-world setting.

Eligibility Requirements to Submit a Clinical Internship Application and to Begin the Clinical Internship

1. Maintain a GPA of 2.75 overall and in all relevant majors and minors
2. Have no grade of Incomplete in courses required for program completion
3. Have no grade lower than a C in courses required for program completion
4. World Language Majors must have a score of Advanced Low on the OPI
5. Complete an additional background check if required by the Office of Clinical Experiences
6. Complete and submit the Consent for Release of Information and Self-Disclosure Form prior to the Clinical Internship Orientation in August or January
7. Complete and submit the Clinical Internship Handbook Signature Page for the current academic year prior to the Clinical Internship Orientation in August or January
8. Complete all pre-requisites for EDUC 424, EDUC 431, EDUC 471, EDUC 473 prior to the Clinical Internship semester.

**USI students who are completing a second Clinical Internship Application must meet with the Educator Preparation Issues Committee before the application is accepted. A USI student submitting a second application should contact the Director of Clinical Internships.

Policies

Attendance

Absences

Attendance for the clinical intern is mandatory. Absences of the clinical intern will be considered on an individual basis. The clinical internship may need to be extended at the end of the semester and even after graduation for excessive absences. There are **no personal days** for appointments or vacations. Absences for job interviews may be granted and must be approved by the cooperating teacher and the university supervisor. If an emergency prevents a clinical intern from attending school, the cooperating teacher and university supervisor must be contacted as soon as possible. This communication should occur before the beginning of the school day.

How sick is too sick to go to school? Interns must follow the health guidelines established for P12 students. Interns must stay away from school if they are suffering from vomiting, diarrhea, fever over 100 degrees, unexplained rashes, chicken pox, pink eye, impetigo, scabies, ringworm, or any type of contagious disease.

Clinical interns with children or other dependents must arrange for their care before the clinical internship semester begins. Clinical interns cannot miss the clinical internship because of a sick child at home.

Excessive absences could result in removal from the clinical internship experience, or the clinical intern may be required to add extra days to the clinical internship.

Tardiness

Clinical interns are expected to be punctual and follow the arrival policy for contracted full-time teachers. Repeated tardiness could result in removal from the clinical internship experience, or the clinical intern will be required to add extra days to the clinical internship.

Arrival and Departure

Clinical interns are required to be at school or online the same hours as the cooperating teacher. Clinical interns are encouraged to arrive early and stay late to ensure that they have adequate time for planning and preparation.

Faculty Meetings/Parent-Teacher Conferences/Professional Development

Clinical interns are required to attend any meetings that the cooperating teacher is required to attend. This includes PLCs, in-service training, before and after school faculty meetings, open houses, parent-teacher conferences, case conferences, etc. The only exception to this is if the cooperating teacher says that it would not be appropriate for the intern to attend a certain function.

Pregnancy/Surgery/Other Medical Conditions, etc.

If a clinical intern anticipates or experiences excessive absences due to pregnancy, surgery, or other medical conditions, the intern may be required to extend the clinical internship. In some instances, a grade of incomplete may be issued until the clinical internship is completed in its entirety.

Seminar Course

Attendance and participation in the seminar class are mandatory. Clinical interns cannot have any commitments that would interfere with this course, even if they are school related. Clinical interns must plan their schedule on Mondays to arrive at USI for the seminar course by 4:00 PM CT. The clinical intern may leave early to ensure he/she is in class by 4:00 PM CT.

Inclement Weather

Days when school is closed due to inclement weather do not count against the clinical intern. Clinical interns must attend make-up days or make-up times that are scheduled during the clinical internship assignment. The Time Log should indicate any scheduled days that are missed as a result of the day the school is closed. If a virtual day is scheduled, please provide the clinical intern with log in information.

Calendar

Clinical interns will follow the calendar of the P12 school, not the USI calendar, for holidays and breaks. The schedule for the seminar course does not follow the calendar of P12 schools. The Time Log should indicate any scheduled days that are missed as a result of the day the school is closed.

Classroom Observations

University supervisors will complete 4 observations for each clinical intern. Two observations will occur in person, and two may be completed through the GoReact® video platform or a mixture of formats. The video observation will be recorded by the clinical intern and submitted solely for academic and assessment purposes. All recording permissions have been pre-approved with school sites. These observations will take place during your clinical intern's clinical placement, and your support in facilitating them is greatly appreciated. If a placement site does not allow video recording, please contact the Director of Clinical Internships.

Etiquette

Clinical interns should address cooperating teachers, university supervisors, instructors, professors, and themselves by title and not simply by his or her first or last name. For example, Dr. Sheila Smith should not be addressed as Sheila or Smith. The appropriate salutation would always be Dr. Smith in university courses, and Mr. Bill Ralph would be Mr. Ralph in an educational setting. The norm of the educational setting should be followed. This type of etiquette encompasses both face-to-face, written, and/or electronic communication.

Gum and Food

Clinical interns should at no time be chewing gum on school property or eating food during instructional time. Food should be consumed only during appropriate break/lunch times. Beverages are permitted in classrooms only when kept in a closed, lidded, discreet, opaque container. Clinical interns are responsible for ensuring that any beverage brought into the classroom is appropriate and school approved.

Lunch

If the clinical intern's cooperating teacher leaves the school for lunch, the clinical intern may do so as well. School policies must be followed at all times.

USI Professional Dress Code **Professional Perception and Compliance**

Clinical interns are expected to be perceived as professionals, not students. Professional appearance is an essential component of professional disposition. Clinical interns must positively represent themselves, USI, and the P–12 school community. A *business casual* wardrobe serves as the standard; attire must be conservative, clean, and appropriate for a P–12 school setting—not trendy or distracting.

- Clinical interns must follow guidance provided by the cooperating teacher, school administrator, and university supervisor at all times.
- Clinical interns must adhere to this dress code during the entire internship placement.
- Failure to comply with the dress code constitutes a clinical internship improvement plan conference
 - Clinical interns may be asked to leave the site and may not return until dressed appropriately
 - Continued violations may result in removal from the clinical internship
- **School administrators have final authority regarding appropriateness of attire.**

Name Badge Requirements

- A USI Photo Name Badge is required
 - Available from the Eagle Access Office for \$5
- Must be worn on the shirt collar or on a visible lanyard
- Clinical interns must follow the photo ID requirements of the clinical internship site
- USI Student ID badges displaying a student identification number may **not** be worn

Hygiene and Grooming

Clinical interns are expected to maintain appropriate personal hygiene at all times.

- Clothing must be clean, properly fitted, and pressed or ironed as needed
- Hair and nails must be neat, clean, and appropriate length
- Hair color must be natural
 - Unnatural hair colors (e.g., purple, green, pink, or bright red) are not permitted
- Hairstyles must not distract from the learning environment
- Facial hair, if worn, must be clean and neatly trimmed

Accessories and Fragrance

- Jewelry must be minimal and professional.
- Visible piercings must be subtle and not a distraction to the learning process – this includes earrings, septum nose rings, eyebrow, lip, tongue, or other. If necessary, piercings should be replaced with clear spacers.
- Cologne, perfume, and other fragrances must be used sparingly, with consideration for student and staff sensitivities
- Artificial eyelashes or other accessories that may distract from instruction are not permitted

Shirts and Blouses

- No athletic-style T-shirts or sweatshirts (with or without hoods)
- Shirts, blouses, and sweaters must fit appropriately (not too tight, short, baggy, or revealing)
- Low-cut or revealing clothing is not permitted
 - Midriff and cleavage must be fully covered and not exposed during normal teaching activities.

Pants, Skirts, Dresses, etc.

- Colored denim pants may be worn.
- Skirts and dresses must be no more than 2 to 4 inches above the knee.
- Modesty and Discretion: Ultimately, school administration reserves the right to make a final judgment on attire deemed inappropriate or disruptive to the learning environment, regardless of specific measurements.
- No cargo pants with multiple pockets on the legs
- No clothing that is torn, faded, wrinkled, too baggy, or too tight
- Leggings or jeggings must be worn with a tunic-length top (must cover lower torso)
- No flannel or pajama-style pants
- No shorts of any kind (unless teaching physical education, with approval)

Footwear

- Must be clean and appropriate for school environment
- Flip flops or Crocs® are not permitted.
- Clean, well-maintained tennis shoes or athletic shoes are allowed when they present a professional appearance.
- Unacceptable footwear includes shoes that are dirty or worn, have excessive logos or bright/neon colors, contain distracting designs or lights, resemble slippers, flip-flops, slides, or footwear that is not appropriate for a professional school setting.

Spirit Days

With guidance and approval from the cooperating teacher and university supervisor, clinical interns may participate in school spirit days.

- May include school-themed T-shirts, themed dress, or jeans
- Denim jeans may **only** be worn on designated spirit days with approval from cooperating teacher, administrator, and/or university supervisor. Jeans may not be torn, faded, too baggy, or too tight.
- Clinical interns should be aware of the professional perception required on special spirit days. It is important to maintain professionalism while participating in school spirit days. Additionally, it is important to respect the guidance provided by cooperating teachers, administrators, and university supervisors.

Kappa Delta Pi (KDP) sponsors the Professional Dress Closet in the Teacher Education Department. All items are \$1.00. It is open daily. Access can be gained by checking in with Ms. Michelle Herrmann, Teacher Education Department Senior Administrative Assistant.

Clinical Intern Disposition Inventory Policy

Professional dispositions—“the habits of professional action and moral commitments that underlie an educator’s performance” (InTASC, p. 6)—are essential for effective teaching, guiding ethical behavior and interactions in the classroom and school community.

USI’s Teacher Education Department has adopted dispositions aligned with CAEP Standard R1 as essential for teacher effectiveness. During each field placement, cooperating teachers complete the Disposition Inventory (noted below) in Watermark™. Items marked “disagree” include feedback, and intern will meet with the university supervisor and the Director of Clinical Internships to discuss next steps or a Student Progress Review plan if needed.

The clinical intern demonstrates a commitment to the teaching profession and adheres to continuous development as a professional. The clinical intern:

1. Demonstrates high expectations for self and P-12 students.
2. Demonstrates patience and compassion by providing appropriate wait time for student responses and offering positive reinforcement to P-12 students experiencing difficulty during the learning process.
3. Communicates respectfully and responsively in diverse environments without imposing personal or cultural values.
4. Actively seeks out new information and innovative, evidence-based teaching strategies.
5. Demonstrates the ability to maintain cognitive capacity (attention, focus, memory, and processing speed needed to understand complex information) in university and P-12 classrooms.
6. Analyzes, synthesizes, integrates concepts, and problem-solves to formulate assessment and educational judgments.
7. Demonstrates the ability to work with frequent interruptions, to respond appropriately to

unexpected situations, and to be flexible in rapidly changing circumstances. This includes demonstrating flexibility during the learning process.

- 8. Organizes time and materials, prioritizes tasks, performs several tasks at once, and adapts to changing situations and environments.
- 9. Demonstrates appropriate use of technology during meetings, classes, and clinical experiences.
- 10. Demonstrates an awareness of appropriate social boundaries between P-12 students and educators and adheres to those boundaries.
- 11. Thinks analytically about educational issues and reflects thoughtfully on their practices.
- 12. Demonstrates compliance with federal and state laws and all USI handbook policies.
- 13. Adheres to USI's academic integrity policy.
- 14. Expresses themselves effectively in written and oral English to communicate concepts, assignments, evaluations, and expectations with members of the learning community, such as Teacher Education faculty, P-12 students, parents, administrators, and other school and community personnel.
- 15. Maintains P-12 student confidentiality, disclosing information only for professional purposes or as legally required by law.
- 16. Demonstrates a calm demeanor and effective coping strategies in stressful environments and addresses issues of concern professionally.
- 17. Maintains appropriate personal hygiene and dresses professionally, adhering to guidelines outlined in the applicable USI handbook.
- 18. Consistently meets course and clinical experience policies and requirements.
- 19. Is punctual and maintains regular attendance for professional commitments, including classes and clinical experiences.
- 20. Seeks assistance promptly from instructors and supervisors.
- 21. Responds appropriately to constructive criticism from instructors and supervisors.
- 22. Functions effectively in a collaborative team, whether with peers, P-12 students, parents, other school personnel, or community members.

Professional Communication, Use of Technology, and Social Media

Clinical interns are expected to maintain professional communication and boundaries at all times during clinical experiences. In case of emergencies, clinical interns can text or call their cooperating teachers for immediate communication. While written and oral communication among peers is often casual and informal, it is imperative for clinical interns to be mindful of professional expectations in this regard. Conventional English must be used in all written and oral correspondences with cooperating teachers, principals, and university supervisors.

Cell Phones and Electronic Devices

Cell phones and other electronic devices should **never be visible** while a clinical intern is engaged in a clinical experience, unless a cooperating teacher requests for safety/emergency use, but not for personal use. Personal use, including texting, checking social media, personal email, or talking on the phone, is strictly prohibited when in the presence of students. If a clinical intern

anticipates an emergency call, they must notify the cooperating teacher at the start of the day. A clinical intern's cell phone should be in the off or mute position during school hours and during PLCs and Faculty Meetings.

Email

Clinical interns must use their **USI email account** for all communication with university supervisors, principals, and teachers. Personal email accounts (e.g., Yahoo®, Hotmail®, Gmail®) should not be used. Clinical interns must check their USI email **daily**, as it is the primary source of communication regarding deadlines, expectations, and critical information. Failure to check email may result in missed deadlines or delayed clinical experiences. Clinical interns are encouraged to communicate through USI email to ensure legal documentation.

Social Media and Public Image

Clinical interns must maintain a **professional public image**, including on social media platforms such as Facebook®, Instagram®, Snapchat®, and TikTok®. Clinical interns should **not connect or communicate with students or parents** on these platforms, as this constitutes a breach of professional boundaries. Most schools have policies regarding the use of email and cell phones by students and school personnel, and clinical interns must adhere strictly to these guidelines.

Law of Subsidiarity

Clinical interns should follow the law of subsidiarity when addressing issues of concern. This means that the clinical intern first speaks to the cooperating teacher, then the university supervisor, then the Director of Clinical Internships, and finally the Teacher Education Department Chair.

Accidents/Injuries

USI clinical interns who are involved in an accident or who sustain an injury at a school or site, should report the incident to the school principal and to a director in the Office of Clinical Experiences. In addition, a report should be made to the USI Office of Risk Management. Reports should be made within 48 hours of the incident.

Clinical Internship Placement Termination Policy

When concerns arise regarding a clinical intern's performance, attendance, or disposition, the following process will be followed:

- **Initial Addressing of Concerns**
 - The university supervisor and cooperating teacher will first address the issue with the intern.
- **Conference and Plan Development**

- The cooperating teacher, university supervisor, clinical intern, and Director of Clinical Internships will hold a conference to develop a **Clinical Internship Plan of Improvement**.
- The plan will be signed by all parties, with each receiving a copy of the signed document.
- **Follow-Up**
 - If all expectations in the plan are met, the intern may continue in the placement.
 - If concerns persist or the issue is more serious, the Director of Clinical Internships may suspend the placement.
 - In such cases, a **Student Progress Review Plan** will be initiated, and next steps will be determined.

If a clinical intern violates the **USI Code of Conduct** or any policies of the assigned school, the **USI Dean of Students** will be involved in determining the intern's status.

A school district, principal, or relevant USI teacher education personnel may suspend or terminate a clinical internship for serious reasons. In such cases, **no plan for improvement will be executed**.

Placement Restrictions:

- A clinical intern whose placement is ended by the P-12 site, school, or the USI Office of Clinical Experiences **will not be placed in a different site, school, or grade level for the remainder of the semester**.
- Clinical interns who withdraw from the clinical internship or receive an unsatisfactory grade **will not be placed in a different site, school, or grade level for the remainder of the semester**.

Reapplication and Remediation:

- A clinical intern who withdraws or receives an unsatisfactory grade may submit a new clinical internship application following the current guidelines at the time of application.
- The intern may be required to complete a period of remediation before reentry.

Responsibilities and Procedures

Time Log

Clinical interns in the Synthesis Phase must keep an accurate record of days and hours on the **Time Log, found in Watermark™**. This Log in Watermark™ should be updated daily/weekly, and it is the clinical intern's responsibility to maintain accurate records. Each log entry submitted can be approved/rejected by the clinical intern's cooperating teacher or university supervisor.

USI Consent for Release of Information and Self-Disclosure Form

This form provides a comprehensive picture of any issues that the clinical intern has faced. A new application must be completed and submitted prior to beginning the clinical internship.

Clinical Intern Disposition Inventory

Professional dispositions are "the habits of professional action and moral commitments that underlie an educator's performance" (InTASC Model Core Teaching Standards, p. 6).

Professional dispositions are fundamental to effective teaching. This assessment process helps ensure clinical interns develop the professional habits and ethical commitments necessary for success in the classroom and throughout their teaching career. These essential qualities shape how clinical interns interact with students, colleagues, and the school community during their clinical practice. This sequence clarifies how disposition concerns are identified, reviewed, and addressed during the clinical internship.

Clinical Intern Disposition Review Process

1. Access to Inventory

The complete Clinical Intern Disposition Inventory is available in the Clinical Internship Handbook.

2. Midterm Evaluation

During the clinical internship, the cooperating teacher completes a **midterm disposition inventory**.

3. Final Evaluation

At the end of the clinical internship, both the **cooperating teacher** and the **university supervisor** evaluate the intern's professional dispositions using the same inventory.

4. Trigger for Review

If **three (3) or more dispositions** receive a "disagree" rating on the inventory, a conference is scheduled.

5. Conference and Improvement Plan

The conference includes the **Director of Clinical Internship**, the **cooperating teacher**, and the **university supervisor**.

a. Areas for improvement are discussed.

b. A **Student Progress Review Plan** is developed, if needed.

6. Student Progress Review (SPR) Process

If concerns persist or are significant, the student may be required to enter the **Student Progress Review Process**, which includes a meeting with the **Student Affairs Committee**.

a. Possible outcomes include required improvement actions or **dismissal from the program**.

7. Mandatory SPR Conditions

A **Student Progress Review meeting is required** if:

- a. The candidate is asked to leave a practicum placement for any reason, **or**
- b. The candidate demonstrates dispositional issues that may affect their ability to teach any or all students.

Participation in Athletics and USI Sponsored Groups

The Teacher Education Department at USI works with clinical interns to ensure that they can be participating members of USI's athletic teams and other university sponsored groups while successfully completing the clinical internship. A clinical intern who will be a participating member of a USI athletic team or a USI sponsored group (choir, dance team, etc.) during the semester of the clinical internship must contact and meet with the Director of Clinical Internships in the Teacher Education Department by April 15 of the year prior to their clinical internship.

Tutoring During the Clinical Internship Semester

USI clinical interns may not be compensated for tutoring students who are enrolled at the school where they are assigned. USI clinical interns may be paid for tutoring students from other schools. However, a clinical intern cannot schedule paid tutoring during their required time at the school of placement nor during the EDUC 458 course.

Professional Development Requests

Requesting time away should be directed to the Director of Clinical Internships.

USI Substitute Teacher Program for Clinical Interns

School corporations who host USI clinical interns may choose to participate in the Substitute Teacher Program.

The Director of Clinical Internships will notify clinical interns if their school corporation is, or is not, participating in the Substitute Teacher Program.

The Substitute Teacher Program is optional. Clinical interns may decline any request to substitute. Clinical interns will not experience any negative consequences for declining a substitute teaching opportunity.

Clinical interns must maintain satisfactory performance and attendance to be eligible to participate in the Substitute Teacher Program.

The following individuals must approve of the clinical intern serving as a substitute teacher:

1. Principal of the school
2. Cooperating teacher of the intern
3. University supervisor of the intern
4. University Director of Clinical Internships
5. Clinical intern

If any of the individuals listed above (#1-4) deem a clinical intern's performance or attendance to be less than satisfactory, that individual is to contact the Director of Clinical Internships at the university. The Director will notify the clinical intern by email and explain why he/she cannot participate in the Substitute Teacher Program. The maximum number of days a clinical intern may substitute is 10 (ten) days in the clinical internship semester. Substitute teaching can only occur on or after October 1 in fall semester and on or after March 1 in spring semester.

The clinical intern:

- may only serve as a substitute teacher in the school where he/she is placed for the clinical internship.
- will work directly with the school principal/cooperating teacher to learn of substitute opportunities.
- must have a valid substitute permit for Indiana, or a substitute license for Illinois.
- will be paid the regular daily rate for substitute teaching.
- may not substitute on days when his/her university supervisor has scheduled a visit.
- must notify his/her university supervisor of substitute days in advance, as much as possible.
- will attend an orientation for substitute teachers, if required by the P12 school.

There must be a clear separation and documentation of when the USI student serves as a clinical intern and/or serves as a substitute teacher. Both the participating school and the clinical intern will keep written and/or electronic records of substitute teaching days. This documentation will be noted on the Time Log in Watermark.

Lesson Plans and the Planning Notebook

The Planning Notebook is a 3-ring binder that holds the lesson plans, the weekly reflections, the daily schedule, and other forms for the clinical internship. The Planning Notebook should be at school and available for the cooperating teacher and university supervisor to view. The university supervisor will check the Planning Notebook during each visit.

A. Lesson Plans

Adequate planning is closely tied to success in instruction and classroom management. Clinical interns must have written lesson plans in advance of teaching the lesson. All lesson plans must be kept in the Planning Notebook and must be available at all times to share with the cooperating teacher and the university supervisor. The lesson plans may be handwritten, or word processed. Even if the cooperating teacher does not write formal lesson plans, ***the clinical intern must.***

Failure to write adequate and timely lesson plans is cause for dismissal from the clinical internship.

If the school dictates a specific lesson plan format, clinical interns should use that format. If a specific format is not required by the school, the clinical intern should use the USI Teacher Education Department lesson plan format.

How many lesson plans are needed each day? It depends on what the clinical intern is teaching. If four classes of pre-algebra and one class of geometry are taught each day, two written plans per day will be needed. On a block schedule, if the intern teaches two government classes on “A Day” and two government classes on “B Day,” only one lesson plan will be needed for all four government classes provided they are taught the same way.

For elementary teachers, the same applies concerning plans for each content area. Not all content areas will require the same kind of plans – a learning center might require a different kind of

lesson plan than a whole group math lesson, for instance. Regardless, a written plan is needed for each lesson taught.

The daily plans should be shared with the cooperating teacher before each lesson is taught, and the university supervisor must see evidence of daily and long-range planning. The clinical intern must have written lesson plans available whenever a supervisor asks to see them. **Failure to meet these expectations for written lesson plans is cause for dismissal from the clinical internship.**

B. Planning Notebook

In addition to lesson plans, the planning notebook should include important forms such as the daily and weekly schedules, weekly reflections, and Schedule for Clinical Internships. The intern is responsible for providing a copy of the daily/weekly schedules to the university supervisor on or before the first triad meeting. The intern may photocopy the cooperating teacher's schedule or use the sample schedule form in the Appendix. The form can be modified to accommodate the schedule.

C. Weekly Reflections

Clinical interns are required to write weekly reflections about the clinical internship experience. This is not a list of the schedule, but includes topics such as: What did I learn this week? What questions do I have? What did I handle well? What was I unprepared for this week? What was I surprised about this week? The writings should reflect the clinical intern's growth and learning. These are read by the university supervisor and can become a point of discussion during the supervisor's visit. The supervisor requires the reflections to be emailed each week. The reflections must be kept in the planning notebook.

Assessments

Instructions and log-in information for completing the assessments are emailed to cooperating teachers before the due dates. These assessments can be found on Watermark™.

Synthesis Phase Midterm Assessment and Midterm Disposition Inventory

Midterm assessments completed by the cooperating teacher and are a critical component of the clinical internship. The cooperating teacher will complete the **SPMA** (Student Performance and Mentoring Assessment) and the Midterm **Disposition Inventory**.

The clinical intern is informed of any areas of concern at midterm to allow for improvement during the second half of the internship.

- **SPMA Ratings:** Each item is rated as **Ineffective, Proficient, or Advanced**
- **Disposition Inventory Ratings:** Each item is rated as **Disagree or Agree.**

If the midterm assessment results include:

- **5 or more Ineffective ratings on the SPMA, or**
- **3 or more Disagrees on the Disposition Inventory,**

a conference will be held with the clinical intern, cooperating teacher, university supervisor, and Director of Clinical Internships.

During the conference:

- A **Clinical Internship Plan for Improvement** will be developed to address areas rated **Ineffective** on the SPMA or **Disagree** on the Disposition Inventory.
- Each area of concern will be reviewed with the clinical intern.
- The intern will be required to document how each area will be addressed during the remainder of the clinical internship.

If necessary:

- The intern may be directed to undergo the **Student Progress Review (SPR) process**, which includes meeting with the Student Affairs Committee to determine steps for improvement or potential dismissal from the program.
- An SPR meeting is **required** if the candidate is asked to leave a practicum placement for any reason or if dispositional concerns arise that may affect the candidate's ability to teach students effectively.

Final Assessments

Final assessments are completed by the **cooperating teacher** and **university supervisor** at the end of the clinical internship.

- **SPA Ratings:** Each item on the **Synthesis Phase Assessment (SPA)** is rated as **Ineffective, Proficient, or Advanced**.

Overall SPA Ratings:

- **Advanced:** No items rated Ineffective, and at least 50% of items rated Advanced
- **Proficient:** At least 80% of items rated Proficient or Advanced
- **Ineffective:** 20% or more of items rated Ineffective
- **Disposition Inventory Ratings:** Each item is rated as **Agree** or **Disagree**

Co-Teaching Procedures

Co-Teaching at USI

All cooperating teachers, university supervisors, and clinical interns are required to complete co-teaching training.

Co-Teaching Strategies

In the USI co-teaching model, the clinical intern and cooperating teacher collaborate on planning, instruction, and assessment using the strategies below. However, the primary expectation of the clinical internship is to provide the intern with authentic, independent teaching experiences. The goal is for the intern to gradually assume full responsibility for planning, implementing, and assessing lessons, including complete management of the classroom and student learning. The cooperating teacher will provide support as needed, gradually releasing responsibility to the intern and offering guidance or assistance only when necessary to ensure high-quality instruction and continuity for P–12 students.

Co-Teaching Strategies & Examples

Strategy	Definition/Example
One Teach, One Observe	<p>One teacher has primary responsibility while the other gathers specific observational information on students or the (instructing) teacher. The key to this strategy is to focus the observation – where the teacher doing the observation is observing specific behaviors.</p> <p>Example: One teacher can observe students for their understanding of directions while the other leads.</p>
One Teach, One Assist	<p>An extension of One Teach, One Observe. One teacher has primary instructional responsibility while the other assists students with their work, monitors behaviors, or corrects assignments.</p> <p>Example: While one teacher has the instructional lead, the person assisting can be the “voice” for the students when they don’t understand or are having difficulties.</p>
Station Teaching	<p>The co-teaching pair divides the instructional content into parts – Each teacher instructs one of the groups, groups then rotate or spend a designated amount of time at each station – often an independent station will be used along with the teacher led stations.</p> <p>Example: One teacher might lead a station where the students play a money math game and the other teacher could have a mock store where the students purchase items and make change.</p>
Parallel Teaching	<p>Each teacher instructs half the students. The two teachers are addressing the same instructional material and presenting the material using the same teaching strategy. The greatest benefit to this approach is the reduction of student to teacher ratio.</p> <p>Example: Both teachers are leading a question and answer discussion on specific current events and the impact they have on our economy.</p>
Supplemental Teaching	<p>This strategy allows one teacher to work with students at their expected grade level, while the other teacher works with those students who need the information and/or materials retaught, extended or remediated.</p> <p>Example: One teacher may work with students who need re-teaching of a concept while the other teacher works with the rest of the students on enrichment.</p>

Alternative (Differentiated)	<p>Alternative teaching strategies provide two different approaches to teaching the same information. The learning outcome is the same for all students however the avenue for getting there is different.</p> <p>Example: One instructor may lead a group in predicting prior to reading by looking at the cover of the book and the illustrations, etc. The other instructor accomplishes the same outcome but with his/her group, the students predict by connecting the items pulled out of the bag with the story.</p>
Team Teaching	<p>Well planned, team taught lessons, exhibit an invisible flow of instruction with no prescribed division of authority. Using a team teaching strategy, both teachers are actively involved in the lesson. From a students' perspective, there is no clearly defined leader – as both teachers share the instruction, are free to interject information, and available to assist students and answer questions.</p> <p>Example: Both instructors can share the reading of a story or text so that the students are hearing two voices.</p>

The strategies are not hierarchical – they can be used in any order and/or combined to best meet the needs of the students in the classroom.

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Clinical Internship Grade (EDUC 424, 431, 471, 473)

The final grade for the clinical internship course is satisfactory (S) or unsatisfactory (U) as determined collaboratively by the cooperating teacher, university supervisor, and Director of Clinical Internships. A final grade of unsatisfactory may be issued if an intern does not earn an overall proficient rating on the SPMA and the SPFA. The following items are considered when determining a final grade:

- Synthesis Phase Midterm Assessment completed by the cooperating teacher and university supervisor
- Synthesis Phase Final Assessment completed by the cooperating teacher and the university supervisor
- The Midterm Disposition Inventory and the Final Disposition Inventory completed by the cooperating teacher and the university supervisor
- Clinical intern's attendance

Clinical Internship Seminar Grade (EDUC 458)

The final grade for EDUC 458 is determined by the course instructor. An intern must earn a C or better to complete a teacher licensure program.

Clinical interns are required to complete a proprietary teacher performance assessment (edTPA®) in EDUC 458 which requires video recording (explanation and details of the recording procedures are found in the clinical intern's edTPA manual). However, the tasks are completed in the clinical internship placement.

State Licensing Tests

Prior to applying for an Indiana license, clinical interns are required to pass the pedagogy/content tests required by the state of Indiana (for the content areas that appear on the license). Clinical interns are not required to pass the licensure tests prior to the clinical internship or graduation.

Applying for a Teaching License

The criteria for licensing in Indiana include:

- Completion of degree requirements
- Passing scores on subject area and pedagogy licensing tests required by the state of Indiana
- All other licensure requirements can be found here: <https://www.usi.edu/science/teacher-education/advising-information-and-student-resources>

During EDUC 458 clinical interns will be provided with information on licensing procedures.

Synthesis Phase Clinical Intern Competencies (assessed in the Synthesis Phase Assessments)

Domain 1: Planning (Individual, Small Group, Whole Group)

1. Uses Assessment Data to Plan Differentiated Instruction

Consistently integrates multiple data sources to design differentiated, individualized lesson plans that address student needs.

2. Develops Standards-Based, Objective-Driven Lesson Plans

Creates precise, standards-aligned lesson plans with clear, measurable objectives that guide instructional decisions.

3. Designs Aligned Assessments and Formative Checks

Develops multiple, varied assessments and formative checks aligned to objectives to monitor and support student progress.

4. Connects Instruction to Prior Learning

Makes explicit, curriculum-wide connections to students' prior learning to enhance understanding.

5. Plans and Sequences Rigorous Instructional Strategies

Includes multiple, complementary instructional strategies in lesson plans to support diverse learners in achieving rigorous objectives.

6. Tracks and Analyzes Student Data for Instructional Decisions

Utilizes multiple methods to track and analyze student data continuously, adjusting plans to meet learning needs.

Domain 2: Instruction (Individual, Small Group, Whole Group)

7. Facilitates Student Mastery of Objectives

Clearly communicates, references, and connects objectives throughout instruction, making them relevant to student interests and real-world contexts.

8. **Implements Activities Aligned with Objectives**
Designs and facilitates activities precisely aligned to objectives to support mastery.
9. **Checks for Understanding and Responds to Misunderstandings**
Uses systematic, targeted checks for understanding and adjusts instruction in response to student needs.
10. **Demonstrates and Communicates Deep Content Knowledge**
Presents content accurately with depth, using precise academic vocabulary with clear, contextual explanations.
11. **Engages All Students with Rigorous, Equitable Participation**
Employs strategies that promote equitable participation, student-to-student academic interaction, and consistent engagement.
12. **Uses Strategic Questioning for Higher-Level Thinking**
Utilizes sophisticated questioning techniques that prompt analysis, synthesis, evaluation, and metacognition.
13. **Implements Effective Pacing, Transitions, and Time Management**
Adjusts pacing based on student understanding, manages seamless transitions, and maximizes instructional time.
14. **Provides Feedback and Encourages Revision**
Delivers targeted feedback that prompts self-assessment and fosters a culture of excellence and continuous improvement.
15. **Differentiates and Modifies Instruction Strategically**
Uses multiple targeted modification strategies to address diverse learning barriers within instruction.
16. **Establishes and Maintains a Respectful, High-Expectations Environment**
Creates a classroom culture of respect, clearly communicates high expectations, and consistently models professionalism.

Domain 3: Professionalism

17. **Engages in Professional Collaboration**
Actively collaborates with cooperating teachers, peers, and supervisors, seeking and applying feedback to improve practice.
18. **Reflects on Practice with Focus on Student Outcomes**
Engages in deep reflection, connecting instructional practices to student learning outcomes and setting improvement goals.
19. **Demonstrates Commitment to Professional Growth**
Seeks additional professional learning opportunities and applies educational research to inform practice.
20. **Builds Relationships with Families and School Community**
Proactively communicates and collaborates with families and engages with the school community to support student learning.
21. **Exemplifies Core Professionalism**
Demonstrates consistent attendance, punctuality, adherence to policies, and respectful, professional interactions with all stakeholders.

Observation Indicators for Clinical Internship

During the clinical internship, university supervisors will use the indicators to guide formative observation and provide feedback that supports your growth. These expectations reflect essential competencies for effective teaching and align with professional standards for educator preparation.

Domain 1: Supporting Learning Development, Differences, and the Environment

- 1A. Demonstrate an understanding of student development.
- 1B. Design Instruction to Promote & Differentiate Student Success and Learning
- 1C. Create learning environments to support all children's needs.

Domain 2: Content Knowledge and Application of Subject Matter

- 2A. Create learning environments to support all children's needs.
- 2B. Engage learners in critical thinking, creativity, and collaborative problem solving to understand subject matter content.

Domain 3: Science of Reading Content Knowledge and Application of Subject Matter

- 3A. Reading Component Implementation
- 3B. Reading Science Application
- 3C. Literacy Content Knowledge (Science of Reading)

Domain 4: Instructional Practice & Assessment

- 4A. Plan and deliver standards-based, data-driven differentiated instruction that engages students, makes effective use of contemporary tools and technologies, and helps all students achieve learning goals
- 4B. Prioritizes the use of a variety of instructional strategies.
- 4C. Plans for instruction based on formative and summative assessment data, prior learner knowledge, and learner interest.

Domain 5: Professionalism

- 5A. Engages in professional behavior in accordance with the profession.
- 5B. Demonstrates ethical judgment in accordance with the profession.

Clinical Internship Handbook Signature Page

[Clinical Internship Handbook Signature Page](#)

Clinical Intern Checklist

BEFORE PLACEMENT BEGINS

- Background Check (current and on file with the Office of Clinical Experiences)
- Establish communication with Cooperating Teacher

- Attend Clinical Internship Orientation
- Consent for Release of Information and Self-Disclosure
- Clinical Internship Handbook Signature Page completed and submitted

DURING PLACEMENT

- Weekly Reflections of Clinical Experiences
 - Keep in Planning Notebook
- Lesson Plans
 - Aligned with IDOE standards and reviewed by the cooperating teacher.
 - Submit in advance of teaching.
- Schedule Observations with Debrief Sessions (4 minimum)
 - Conducted by university supervisor
 - Due:* Spaced evenly throughout placement (Weeks 3–5, 7–9, 11–13).
- Midterm Evaluation
 - Completed by cooperating teacher
 - Due:* Week 7–8
- Midterm Disposition Inventory Evaluation
 - Completed by cooperating teacher
 - Due:* Week 7–8

END OF PLACEMENT

- Final Evaluation (Synthesis Phase Assessment)
 - Completed by cooperating teacher and university supervisor
 - Due:* Final week of internship
- Disposition Inventory Assessment
 - Completed by cooperating teacher and university supervisor.
 - Due:* Final week of internship
- Time Log
 - Documented hours approved/rejected by cooperating teacher
 - Minimum:* 16 weeks, full-time
 - Any rejected hours must be made up and may extend clinical internship.
 - Due:* Final week of internship
- Exit Surveys
 - Complete surveys provided by the Office of Clinical Experiences.
 - Due:* Last day of internship

ONGOING RESPONSIBILITIES

- Maintain professional conduct and attendance.
- Collaborate regularly with your cooperating teacher.

- Participate in co-planning and co-teaching activities.
- Attend all scheduled university seminars or meetings.
- Communicate with your university supervisor for feedback and support
- Seek opportunities for professional development sessions/activities within school

Director of Clinical Internships

Ms. Lisa Bartley serves as the Director of Clinical Internships. She can be reached at lmbartley@usi.edu. In collaboration with districts where USI has a Clinical Education Agreement, clinical internship placements are made by the Director of Clinical Internships. USI clinical interns should never contact a district regarding the clinical internship placement. The **Director of Clinical Internships** provides essential support throughout the clinical internship experience by:

- Advising and guiding interns, cooperating teachers, and university supervisors through the clinical internship
- Maintaining open communication with all stakeholders (interns, faculty, university supervisors, cooperating teachers, and school partners)
- Assisting with any issues, conflicts, or questions that arise during the internship
- Overseeing placement logistics
- Serving as a liaison between USI and schools to ensure a successful partnership