**MALONE UNIVERSITY**

**DEPARTMENT OF EDUCATION**

**CANDIDATE PLACEMENT FORM**

|  |  |
| --- | --- |
| Fall | 20 |

|  |  |
| --- | --- |
| Spring | 20 |

Semester:

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate’s First Name: |  | Course No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate’s Last Name: |  | Course Sect: |  |

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|  |  |
| --- | --- |
| Field Experience School: |  |

|  |  |
| --- | --- |
| Field Experience District: |  |

|  |  |
| --- | --- |
| Cooperating Teacher First Name (**DO NOT** use Mr. Mrs. Ms. Etc): |  |

|  |  |
| --- | --- |
| Cooperating Teacher Last Name: |  |

|  |  |
| --- | --- |
| Cooperating Teacher Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cooperating Teacher Ethnicity/Race  (Optional): | African American | Hispanic | Gender: Male Female |
| American Indian or Alaskan Native | White/Non-Hispanic |
| Asian or Pacific Islander | Other: |
| Prefer Not to Answer |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Years of Teaching: | |  | | Highest Level of Degree: | | | Bachelors Masters Doctorate | |
|  | | | | | | | | |
| Have you ever mentored a  pre/in-service teacher? | | |  | Have you ever attended a workshop/class  or received training on mentoring? | | | | |
| Yes No | | |  | Yes No | | | | |
|  | | | | | | | | |
| Cooperating Teacher Licensure:  Please list all current licenses with grade levels  as well as any endorsements.  Example- *5 YR Professional Elem. (1-8) with Reading Endorsement* | | | | |  | | | |
|  | | | | | | | | |
| Field Experience Classroom Grade Level(s): |  | | | | | Field Experience Classroom Subject (if Applicable): | |  |

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TK20 is the assessment system that Malone uses to send out evaluations to be completed for each candidate. You will receive an email with a link to the evaluation later in the semester.

Have you evaluated a Malone candidate in the past using the Tk20 system?

Cooperating Teacher has accessed Malone TK20 in the past

Cooperating Teacher is a FIRST TIME MALONE TK20 USER

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|  |  |  |  |
| --- | --- | --- | --- |
| Day(s) of Field: |  | Time(s) of Field: |  |

**Malone Field Students!** Please note that **you will be held accountable** regarding the submission and **accuracy of this information**. This form must be completed and returned to Beth Shoemaker no later than: