The College of Education, The Pennsylvania State University, works with a large number of school districts and early childhood centers each year in connection with field experiences required for teacher preparation programs. In each instance, we are able to place teacher education students in a particular setting because that educational setting has invited us to place prospective teachers and has agreed to work cooperatively with us in a particular segment of the teacher education program.

Teacher education students participating in field experience activities, University supervisors, and other personnel from The Pennsylvania State University who are in a school district or early childhood center are always there as guests.

Each educational setting with which The Pennsylvania State University has a working relationship has regulations, procedures, institutional practices, professional philosophies, and personal and professional expectations for teachers and teacher education students working in that setting.

A teacher education student enrolling in a course which requires an assignment to a field experience should understand that he/she is in that setting as a guest of the district or early childhood setting. Further, the acceptance of a field experience assignment indicates an understanding of this guest/host relationship and an understanding that the teacher education student is expected to abide by the calendar, regulations, procedures, institutional practices, and professional expectations of the particular school district or early childhood setting in which an assignment has been accepted.

As a teacher education student, I understand and agree to the principles governing field experiences, outlined above. Further, I understand that if my personal or professional behavior or my ability to work as an effective prospective teacher in the learning environment is not compatible with the expectations of that educational setting, I may be asked to leave by either the University or the host school or early childhood center.

Signature: ________________________________

Printed Name: ________________________________

Date: ________________________________