



**Huston-Tillotson University
Alternative Teacher Certification Program
Intern Field Based Experience Classroom Observation of a Certified Teacher**

NAME: _____ **TEAL#:** _____ **STUDENT ID#:** _____

By signing below, I affirm that I understand that I completed: 30 hours of field experience (include documentation) that include the diversity that is commonly found in the public-school setting:

Candidates are required to complete their 30 hours (15 interactive hours + 15 hours of observation) by the end of Phase I. The FBE observation hours must be completed and submitted before the HT EPP Chair can consider/approve an internship for the candidate. **Three (3) hours of interactive observation should be performed in the following areas: 1. English Language Learning, 2. Ethnically Diverse Classroom, 3. Special Education, 4. Literacy Instruction, and 5. STEM. Performing 3 hours in each of the above classrooms will culminate in 15 hours of interactive observations.**

[19 TAC §228.35(e)(4)]

Use the following form Candidates are required to complete at least 30 hours of field experience prior to student teaching. Observations should be completed in a variety of socio-economic settings. Observations should be confined to the grade span for which certification is sought. Hours spent on duty as a teacher assistant or substitute teacher may not be used. The intent is for you to experience the classroom teacher's interaction with the students instructionally, organizationally, and behaviorally. You are not merely an observer. You may be asked to assist students, staff, or teachers.

During your field experience time on campus, you will document the amount of time you are working with students in the classroom. Please ensure that the classroom teacher verifies your presence and engagement by providing their signature at the end of your visit. Your signature indicates the information and hours are factual. Your signature also indicates that you are aware that falsifying any information will result in course repercussions and possible failure and/or removal from the program.

Total Page submitted		
** Total time spent in interactive hours .		
**Total time candidate observed the teacher/students in a classroom/learning environment		
TOTAL FBE OBSERVATION HOURS		

The completed Intern Field Based Experience Classroom Observation of a Certified Teacher Logs must be included with this page before requesting the signature of the ATCP Director.

Teacher Observed Name: _____ Signature: _____ Date: _____

Candidate 's Name: _____ Signature: _____ Date: _____

Instructor's Candidate Name: _____ Signature: _____ Date: _____

Director's Name: _____ Signature: _____ Date: _____



**Huston-Tillotson University Alternative Teacher Certification Program
Intern Field Based Experience Classroom Observation of a Certified Teacher Log**

NAME: _____ **TEAL#:** _____ **STUDENT ID#:** _____ **SEMESTER:** _____

Teacher Name:

Subject:

Grade:

Semester:

District:

Campus:

Candidates will need to select one of the following areas in row two (2) and complete three (3) hours of interactive observation, document, and write a reflection for the area. Remember Candidates are required to perform your 30 hours (15 interactive hours + 15 hours of observation) before the HT EPP Chair can consider/approve your internship. Download, print and complete a form for each area or complete online this form online for each area, if more space is needed for your reflection please use the following page. Performing 3 hours in each of the above classrooms will culminate in 15 hours of interactive observations.

English Language Learner:	Ethnically Diverse Classroom:	Literacy Instruction	Special Education	STEM
Area/Activity	Date	Reflections (describe your activities and observations- describes standards and TTESS domain	Total Hours	
			Interactive	Observation
Time In HH:MM am/pm				
Time Out HH:MM am/pm				
Instructional: Describe the activity taking place.				
Observing the classroom teacher.				
Engage with a student one-on-one				
Engage with a small group of students.				
Planning: Describe planning with the classroom teacher.				
**Add Total Hours				

Reflection Summary of :

Cooperating Teacher's Printed Name:	Signature:	Date:
Intern Printed Name:	Signature:	Date:
Internship Printed Name:	Signature:	Date:

Use this as page 2
Intern Field Based Experience Classroom Observation of a Certified Teacher
REFLECTION
Page 2 OF 2

NAME: _____ TEAL#: _____

STUDENT ID#: _____ SEMESTER: _____

Candidate Printed Name:

Candidate Signature:

Teacher Name:

Subject:

Grade:

District:

Campus:

Internship Printed Name:

Signature::

Date: