CAREER SWITCHER PROGRAM

An Overview

SCHOOL OF EDUCATION

January 2008
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Introduction

This handbook is produced to guide Career Switcher candidates, cooperating teachers, school administrators, mentors and other personnel involved in the process of helping candidates prepare to become teachers.

Regent University recognizes that it is a collaborative team effort that provides the most beneficial experience in schools for teacher candidates. The contribution of all those who give their time and share their experience with our Career Switcher candidates is warmly appreciated.

Thank you for supporting us as we prepare tomorrow's teachers!

Alan A. Arroyo, Ed. D.
Dean, School of Education
Regent University / ADM 266
1000 Regent University Drive
Virginia Beach, VA  23464-9800
(757) 226-4126
(757) 226-4147
Overview

The Career Switcher Alternative Route to Licensure Program is designed to enable individuals from various occupational and life experiences to become classroom teachers, thereby increasing the quantity and diversity of applicants to the profession. The Career Switcher program is not a degree seeking program. The program alone will lead to licensure. If an applicant wishes to pursue a Master's degree, he or she can apply to the Individualized Degree Program, Master Teacher Program, or the Christian School Program, to acquire the additional graduate credit hours for a degree.

The Career Switcher program leads to teacher certification in the state of Virginia upon the successful completion of all program requirements. Courses must be taken either at the main campus in Virginia Beach, Virginia or the D.C. campus in Alexandria, Virginia. The courses are in a hybrid format, meaning they are completed both online and face-to-face.

Courses and Hiring Information

Level 1 Course Schedule

Level 1 preparation includes a minimum of 180 clock hours of instruction, plus practicum field experiences. These field experiences are an integral part of the coursework and will contain guided assignments set by the course instructor.

- EFND 500: Orientation/Professional Concerns
- EMTP 502: Teaching, Thinking, and Learning
- EMTP 503: Character Development and Classroom Management
- EMTP 504: Effective Curriculum and Instruction
- EMTP 508 Assessment and Evaluation
- ETLC 541: Child and Adolescent Growth and Development

After completing Level I preparation successfully, candidates are awarded a one-year Virginia Provisional License and are expected to obtain full-time employment in an accredited Virginia public school. Exceptionally, students may obtain employment in an accredited independent school. For licensure requirements and details, please visit the Virginia Department of Education web site.

The Hiring Process

Career Switchers are responsible for seeking positions and securing employment in a school. The School of Education, however, will assist in this process whenever possible. A number of agreements are in place with school divisions to facilitate communication and coordination.
Level II Schedule

Level II preparation is taken during the first year of teaching. It includes a series of six, one half credit-hour seminars; topics include Diversity, Classroom Management Strategies, Teaching Reading, and Direct Instruction. A trained mentor is assigned to each Career Switcher candidate to assist throughout the whole of the first year of employment.

*Students can also choose to add an additional 14 credits to the Career Switcher requirements to complete a Masters Degree during Level II or beyond.

Field Experience

Field experiences represent the heart of Regent University’s certification programs in education at the graduate level. Through carefully structured placements teacher candidates apply theoretical constructs and research-based practices in authentic settings. Performance tasks completed in clinical settings promote reflective thinking about these practices. University faculty members in collaboration with experienced professionals in the field design, implement, and evaluate experiences to prepare candidates for their roles in schools as reflective decision-makers. Professional educators serving as field partners are certified experienced practitioners.

Specifically, as a key element in each professional studies course, the student will be placed in a given a practicum placement. These placements must be in an accredited private or public school and must be set up through the School of Education.

*Students must complete and request a placement location each semester from the Field Placement Coordinator. Forms and resources for applying are found in the Appendices. Student may select a school district which is geographically convenient (during fall and spring programs). Student must comply with all school district placement requirements for serving within the school district (i.e…. finger printing or background check). All placements are arranged through the department placement office and students will be notified once the process is completed.

Students will complete approximately five (5) hours of practicum experience within each of their five (5) required professional studies courses for a minimum of twenty – five (25) practicum field experience hours. The practicum experiences may include, but are not limited to: observation; interviews; lesson planning and preparation; one-on-one tutoring/instruction; small group tutoring/instruction; teaching lesson(s). Students will be required to provide descriptions of their experience that will include preparation, recording and reflection as determined by the supervising faculty member. The practicum experience will be included as part of the faculty members overall assessment of the student in each of the professional studies courses.

Eligibility Requirements for Field Experiences

- Provide Criminal Background check results
- Provide current TB (test must be taken annually) test results
- Provide documentation of Educators Protectors Liability Insurance (Not HOMEOWNERS)
- Complete Placement Request Form with Field Experience Officer, School of Education
Insurance Cover

The School of Education requires that students enrolled in any license granting program acquire liability insurance prior to registration for practical work in schools. This insurance is a safeguard for you and must be maintained throughout the duration of your program placement. This policy should name the student as insured, and Regent University as additional insured. A certificate of insurance must be provided to the SOE’s Coordinator of Licensure Programs before the semester's registration takes place.

The required minimum amount of one hundred thousand dollars incidental coverage with a three hundred thousand dollar aggregate is needed for annual liability coverage ($100,000/$300,000). Rates for this coverage vary depending on the insurance company. Generally, premiums range from $20-$50 per year of coverage. Though membership in a professional organization is highly encouraged by the School of Education, it is not required. Total cost for insurance and a professional membership normally will be about $20- $120 per year. Students must show evidence of insurance liability coverage prior to starting practicum work; without it, he or she will not be permitted to begin. The student is responsible for turning in a copy of the insurance face sheet to the Coordinator of Licensure Programs.

The School of Education recommends the following providers:

1. **Christian Educators Association International (CEAI)**  
P.O. Box 41300, Pasadena, CA 91114 > (888) 798-1124 > Fax (626) 798-2346  
Website: [www.ceai.org](http://www.ceai.org)  
For an annual student fee of $20, members of CEAI will automatically be insured up to $100,000 for legal actions filed against you arising out of your educational duties (in the United States only, no overseas coverage).

2. **Student Virginia Education Association (SVEA)**  
Students interested in joining the SVEA should contact the local chapter advisor (ODU) or an officer for a membership form, or call 1-800-552-9554 for further information. [http://www.veaweteach.org/assoc_student.asp](http://www.veaweteach.org/assoc_student.asp)  
Students receive, as a benefit of student membership, a one million dollar liability policy during internship.

95 Broadway, Amityville, N.Y. 11701  
1-800-421-6694 or (516) 691-6400  
Website: [www.americanprofessional.com](http://www.americanprofessional.com)  
Limit of Coverage: $1,000,000 - $3,000,000 = $35.00 annually  
Limit of Coverage: $2,000,000 - $4,000,000 = $41.00 annually

4. **American Psychological Association**, Membership Department  
750 First Street, N.E., Washington, D.C. 20002-4242  
1-800-477-1200  
Website: [www.apa.org](http://www.apa.org) (Select “Products”)  
Limit of Coverage: $1,000,000 - $3,000,000 = $35 annually  
There is a student membership required for obtaining this insurance policy. You can obtain both membership for APA and insurance at the same time when applying for insurance.
Criminal Background Check

The School of Education requires that any student enrolled in a program that requires practical work in schools should acquire State Criminal Background Check before beginning the observations in the public schools. The State Criminal Background Check must be requested from all the states in which the student has resided for six (6) months or longer starting from age 18 or for the past ten (10) years, whichever is less. The results must be sent from the state agency directly to the SOE’s Coordinator of Licensure Programs for evaluation. Foreign students may use a copy of their visa to satisfy this requirement. (Some countries or territories do not require a visa; these situations will be dealt with on a case-by-case basis).

If there are areas of concern surrounding a background check, a meeting will be arranged with the advisors or with the program chair to discuss those concerns. Any needed response plan will be developed on an individual basis. If the student is not satisfied with the response plan, the student may appeal the decision in accordance with the procedure for Academic Appeals, found at http://www.regent.edu/admin/stusrv/student/Student_Handbook.pdf (page 23).

Areas of concern shall include but not be limited to: child abuse or neglect, felony convictions, especially those involving harm to others, theft or fraud convictions, misdemeanors other than minor moving traffic violations.

All criminal background records will be retained by the Office of the Dean. All such records will be destroyed after ten years, unless their retention is required by accreditation agencies or by law.

To initiate a state criminal background check, the request must be completed on form SP-167. The form can be accessed via: www.virginiatrooper.org.
Virginia State Requirements - Steps to Licensure for the Career Switcher Program

After completing Level I preparation, Career Switcher candidates must submit an application for the state Provisional License. The Provisional license is a temporary one year license which allows the candidate to teach in his or her content area and be considered "highly qualified" by the VA Department of Education.

Jointly, with the program advisor, candidates are responsible for submitting the materials that make up the licensure application packet to Kenyetta Veal, Certification Officer in the School of Education. When the packet is complete, she will sign the college verification form and forward it to the Virginia State Department of Education. In order to complete the packet, students must do the following:

1. Complete the Career Switcher application for Virginia Licensure + Record of Experience Form (s) required by the Virginia State Department of Education. The original application completed for program admission will be used for the state licensure application process. These forms can also be obtained from the Department of Education website.

2. Resume documenting at least five years of full-time work experience or its equivalent (included with original program application).

3. Please include another set of OFFICIAL transcripts from all colleges and universities in your packet that you send to the School of Education (Please remember: official transcripts MUST remain sealed and mailed to Dr. C Bergdoll, ADM 266). This includes an official Regent University transcript. All transcripts must show the grades for your final semester of classes. (Additional transcripts must be submitted beyond those required during your admission to the Career Switcher Program.)

4. Documentation of official passing scores of Praxis II and VCLA must be sent to the School of Education. The original scores submitted for program admission will be sufficient for the application.

5. Provisional License Application Fee: Send Dr. Bergdoll a certified check, money order, or cashier’s check made payable to the Treasurer of Virginia. The in-state fee is $50 and the out-of-state fee is $75. Note: The fee is determined by the address on your application. A $25 processing fee is assessed for a returned check.

Regent University, School of Education
ATTN: Dr. Carla Bergdoll
1000 University Drive ADM 266
Virginia Beach, VA 23464-9800

You may also hand-deliver your packet to the Administration Building, Suite 266
(see campus map) PDF 124K.

Should you have any questions about the Provisional License application process, please contact Dr. Carla Bergdoll at 757.226.4090 or cbergdoll@regent.edu.
## Licensure Process

<table>
<thead>
<tr>
<th><strong>Level I</strong></th>
<th><strong>Provisional License Packet</strong></th>
<th><strong>Level II</strong></th>
</tr>
</thead>
</table>
| • Professional courses  
  • Praxis II & VCLA (passing scores)  
  • Field experience (25 hrs.)  
  • Current TB results  
  • Current Criminal Background Record  
  • Educator Protection Liability Insurance | • State Application + Work Experience  
  • Resume  
  • Praxis II & VCLA passing scores  
  • Another Set of Official transcripts (+ Regent University)  
  • Provisional License Application / $50.00  
  • Above components given to School of Education to be mailed to VDOE | • Must have a full-time contract teaching position in a VA accredited private or public institution  
  • Mentorship Assignment  
  • Must register for 6 on-campus seminars; advisor will register Level II students for these seminars. |

<table>
<thead>
<tr>
<th><strong>Initial License</strong></th>
<th><strong>Level III</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon successful completion of levels I &amp; II seminars and 1 year of successful full time teaching, a 5-Year Renewable License is issued by VDOE based on the recommendation of the Level II employment principal</td>
<td>If employing school division does not recommend the student for a 5 year renewable license, an additional year of full time teaching employment will be required.</td>
</tr>
</tbody>
</table>
The Mentor

The university mentor is the official representative of the School of Education at Regent University and is assigned to work with Career Switcher candidates. Mentors should meet the following criteria:

1. Must be a former or current licensed public or private school teacher or school administrator.
2. Must submit three letters of recommendation, and at least one recommendation should be from a recent supervisor.
3. Must demonstrate knowledge of current teaching methodologies and strategies as well as curriculum content.
4. Must be acquainted with current public school, state, and higher education practices, programs, standards, and responsibilities.

The School of Education adheres to a team approach in which the mentor and the school division provide continuity in guidance. This continues in the university classroom by relating the experience in the field to discussions with peers and university professors in appropriate seminars during Level II.

The mentor will:

1. Observe the Career Switcher by:
   a. Making periodic visits.
   b. Observing the candidate in a variety of teaching situations.
   c. Conferring with the candidate and other school personnel.
   d. Reviewing lesson plans prepared by the candidate.

2. Assist the Career Switcher by:
   a. Having the candidate self-evaluate during post-teaching conferences.
   b. Providing suggestions for improvement.
   c. Reviewing the Career Switcher candidate’s weekly journal entries.

3. Act as a resource by:
   a. Providing information on teaching resources and teaching procedures
   b. Contacting other university personnel to assist in any situation if needed.
   c. Being available to advise, counsel and assist the Career Switcher throughout Level II.
   d. Participating if possible in the scheduled Level II seminars.
### Phone Numbers and Email Addresses

Following is an alphabetical list of phone numbers and email addresses that may be helpful.

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Alan Arroyo – Dean, School of Education</td>
<td>757-226-4261  <a href="mailto:alanarr@regent.edu">alanarr@regent.edu</a></td>
</tr>
<tr>
<td>Dr. Carla Bergdoll – CSW (VA Beach) Advisor / Field Experience Officer</td>
<td>757-226-4090  <a href="mailto:cbergdoll@regent.edu">cbergdoll@regent.edu</a></td>
</tr>
<tr>
<td>Ms. Jackie Bruso - Distance Education Coordinator</td>
<td>757-226-4259  <a href="mailto:jacqbru@regent.edu">jacqbru@regent.edu</a></td>
</tr>
<tr>
<td>Ms. Carrie Grossmann- Advisor / Recruiter, DC campus</td>
<td>703.740.1440  <a href="mailto:cgrossmann@regent.edu">cgrossmann@regent.edu</a></td>
</tr>
<tr>
<td>Dr. Joan Johnson-Hoskins – Program Director, Alexandria campus</td>
<td>703-740-1418  <a href="mailto:joanjoh@regent.edu">joanjoh@regent.edu</a></td>
</tr>
<tr>
<td>Ms. Sarah McKown-- Mentorship Coordinator</td>
<td>757-226-4185  <a href="mailto:ckown@regent.edu">ckown@regent.edu</a></td>
</tr>
<tr>
<td>Mrs. Molly Waters - Recruiter</td>
<td>757-226.4398  <a href="mailto:mollree@regent.edu">mollree@regent.edu</a></td>
</tr>
<tr>
<td>Dr. Mervyn Wighting – Program Director, VB campus</td>
<td>757-226-4321  <a href="mailto:mervwig@regent.edu">mervwig@regent.edu</a></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Contact Details</th>
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</thead>
<tbody>
<tr>
<td>Regent Emergency Update Hot Line</td>
</tr>
<tr>
<td>School of Education Admissions/Advising Office</td>
</tr>
</tbody>
</table>
SCHOOL OF EDUCATION
Career Switcher Candidate Personal Data Form

Name_______________________________________________ Date________________
Address __________________________________________________________________
Home Phone No._________ Emergency Phone_________________ (c) ____________
Email address (es) _________________________________________________________
Regent University Program of Study__________________________________________

*************************************************************************

Undergraduate College Major ____________________ Minor ____________________
College/University_________________________________________________________
Degree Received _____________________________ Date Conferred ________________

Awards, Achievement, Extra-curricular Activities Which Have Contributed to Your Preparation for Teaching
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Relevant Work and / or Life Experiences during the last five years
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Brief Summary of Professional Goals
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

List Any Special Hobbies, Talents, Interests
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please Give a Copy of This Form to Your University Mentor
Tuberculosis Certificate

As a condition of acceptance, every student will submit this form signed by a licensed physician, or registered nurse, stating said student is free from tuberculosis. The certificate is to be based on recorded results of x-rays, skin tests, and other examinations, singly or in combination, as deemed necessary by the physician that have been performed.

To be completed by student:

Name___________________________________________________________________
Address_________________________________________________________________
Phone Number___________________________________________________________
Signature_________________________ Date_____________________

To be completed by Physician
I hereby certify that on the basis of skin tests, x-rays, and other examination, singly or in combination, the above named person appears to be free of communicable tuberculosis.

Dates of skin tests, x-rays, and other examinations _______________________________
________________________________________________________________________
Signature_____________________________________________
Printed Name___________________________________________
Address_________________________________________________________________
________________________________________________________________________

_____ I am a licensed Physician in _________________________ (state)

_____ I am a Registered Nurse licensed pursuant to Virginia’s Board of Nursing.

Please return this form:
Field Experience Officer
FAX: 757.226.4147
CAREER SWITCHER PROGRAM: MIDDLE & HIGH SCHOOL
PRACTICUM EVALUATION FORM: TIER 1

Student: ______________________________________   Phone: (      ) ______-___________

Practicum Semester:  FA       SP       SU              Year: 200__
Course: circle course(s)  503-Character Development and Classroom Management
      541-Child and Adolescent Development
      502/504/508-Curriculum, Instruction, & Assessment Module
Regent Instructor/Instructional Team Coordinator: ________________________________
Cooperating Teacher: _________________________________________________________
Grade(s): _____________   Subject(s): ______________________________________
School Division: ______________________________________________________________
School: _____________________________________________________________________

OBSERVATION VERIFICATION: Please record observation time for each visit and sign.

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours/Minutes</th>
<th>Cooperating Teacher’s Signature</th>
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COOPERATING TEACHER’S EVALUATION: Please evaluate (circle) the practicum participant on these criteria. Please feel free to add comments on other side of form.

1. Promptness: Typically late   Typically prompt   Typically early
2. Professional Appearance: Unprofessional   Professional   Highly Professional
3. Professional Demeanor: Unprofessional   Professional   Highly Professional
4. Relational Skills: Poor   Professional   Exceptional
5. Communication Skills: Poor   Professional   Exceptional

INSTRUCTOR/ITC EVALUATION: Please evaluate the practicum participant on these criteria. Please feel free to add comments on other side of form.

1. Practicum Report: Poor   Well Conceived/Written   Exceptional
2. Practicum Interaction: Poor   Well Planned/Executed   Exceptional

Signature of Cooperating Teacher   Date

Signature of Instructor or ITC   Date

Cooperating Teacher: Please complete the appropriate items, sign, and return to practicum participant.
Regent Instructor/ITC: Please complete the appropriate items, sign, and return to practicum participant.
Practicum Participant: Please have your cooperating teacher and your Regent Instructor/ITC complete/sign the appropriate items; return the ORIGINAL document to your Regent Practicum Field Experience Officer (Dr. Bergdoll). Be sure to make and keep a copy for your portfolio / records.

12.19.07
# Public School Practicum Request

Use BLACK ink and PRINT clearly.

## Placement Information From the Teacher Candidate

<table>
<thead>
<tr>
<th>Teacher Candidate’s Name</th>
<th>E-Mail</th>
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</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Local Address</th>
<th>Course Title(s)</th>
<th>Professor/Instructor(s)</th>
<th>Grade Level Requested</th>
<th>Subject</th>
<th>Dates Requested</th>
<th>(Beginning)</th>
<th>(Ending)</th>
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<tr>
<th>Briefly explain any special school requests:</th>
<th>Total Number of Hours</th>
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</tbody>
</table>

I understand that confidentiality is a legal issue, and I agree not to discuss my experience in a manner that will allow identification of any individual. I will contact the school in advance to arrange a mutually convenient schedule.

**Teacher Candidate’s Signature**

**Date**

---

## Information for the Teacher Candidate

* All practicum requests must be coordinated through the School of Education, Field Experience Officer.

* This practicum request will be used for the entire year, and will be used for all practicum courses that the teacher candidate is registered for in that given semester.

* It is the teacher candidate's responsibility to obtain enough hours for each practicum course. For example, 5 hours are needed for each course, but student can request to stay additional time in the placement.

* It is the teacher candidate's responsibility to meet the specific requirements for each practicum course. Please see the syllabus and/or contact the professor for such requirements.

* Grade level and school district may be requested. However, please realize that not all requests can be honored.

---

## Return This Completed Form:

Dr. Carla Bergdoll (Field Experience Officer)

FAX # 757.226.4147

1000 Regent University Drive  Virginia Beach  VA  23464-9800
UNIVERSITY MENTOR EVALUATION ---Career Switcher’s Perspective

University Mentor’s Name ___________________________________________ Semester / Year ____________
Career Switcher’s Name ___________________________________________

School ___________________________ District ___________________________ State ____________

Please indicate to what degree your university mentor performed the listed activities by circling the appropriate number using the following scale:

4 = Exceeds Expectations  3 = Meets Expectations  2 = Needs Improvement  1 = Unacceptable
0 = Not Observed

I. SUPPORT / COMMUNICATION

• Was Accessible by phone /or email  4 3 2 1 0
• Agreed to visit you when assistance was needed  4 3 2 1 0
• Derived a workable solution if difficulties occurred  4 3 2 1 0
• Provided relevant information through recommending teaching resources. Procedures, counseling, etc.  4 3 2 1 0
• Reviewed monthly evaluation and provided feedback when needed  4 3 2 1 0
• Reviewed and discussed lesson plans  4 3 2 1 0
• Discussed classroom concerns and provided supportive feedback on a regular basis  4 3 2 1 0

II. SUPERVISION / ASSESSMENT

• Coordinated visit dates/time in advance  4 3 2 1 0
• Spent ample time for observation / feedback  4 3 2 1 0
• Observed the career switcher in a variety of teaching situations  4 3 2 1 0
• Reviewed with you the outcome of each observation  4 3 2 1 0
• Helped you to identify specific areas of strength and weakness  4 3 2 1 0
• Offered suggestions for improvement  4 3 2 1 0
• Collaborated in the development and implementation of an Individualized Professional Development Plan  4 3 2 1 0
• Conducted all conferences in a positive and constructive manner  4 3 2 1 0

Number of visits each semester _____________________
Comments: ________________________________

Signature of Evaluator           Date  Signature of Teacher Candidate            Date

Return This Form to School of Education:  Dr. Mervyn Wighting, Main campus or Dr. Joan Hoskins, NOVA campus
Feedback to University by School Administrator

Name of Level II Career Switcher (PRINT) _____________________ Student ID # _______________
School Division ____________________________________________ Semester ________________
School ____________________________ Grade / Content ________________ Date ______________
Administrator / Position _____________________________________________________________

Description of School (check):  1. Urban (  )   2. Suburban (  )   3. Rural (   )   Title I: Yes (  ) or No ( )

Please rate the teacher candidate on each item using the following scales:
E = Excellent  S= Satisfactory  N = Needs Improvement  NA = Not Applicable

<table>
<thead>
<tr>
<th>Categories</th>
<th>E (3)</th>
<th>S (2)</th>
<th>N (1)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Personal Characteristics and Professional Attitude</td>
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<tr>
<td>11. Knowledge of the Subject Matter</td>
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<tr>
<td>III. Planning</td>
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<td>IV. Instruction</td>
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<td>V. Management and Control</td>
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<tr>
<td>VI. Assessments and Control</td>
<td></td>
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<tr>
<td>VIII. Team Interactions</td>
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</table>

Areas of Strength:

Areas of Refinement:

Signature of School Administrator ____________________________ Date ___________
Signature of Career Switcher ____________________________ Date ___________
# University Mentor’s Observation and Conference With Career Switcher

Candidate’s Name ________________________________ Date of Visit _____________

University Mentor’s Name ___________________________ School _______________

Lesson Plan Comments:

<table>
<thead>
<tr>
<th>Observations</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Went Well:</td>
<td>Do Differently:</td>
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<tr>
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<tr>
<td>Strengths:</td>
<td>Refinement:</td>
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</table>

Additional comments may be made on a separate sheet of paper and attached.

_________________________  __________________
Signature of Career Switcher   Date

_________________________  __________________
Signature of University Mentor  Date
Career Switcher
Individualized Professional Development Plan

Career Switcher Name: __________________________ School: ___________________

University Mentor: ____________________________ School Year: ________________

What are my strengths?

What are my areas for improvement?

What are my goals?
<table>
<thead>
<tr>
<th>Development Objective</th>
<th>Development Activity</th>
<th>Performance Outcomes</th>
<th>Resources Required</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
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PDP Initiation Date __________________________ CS Teacher’s Signature __________________________ University Mentor Signature __________________________

PDP Final Review Date __________________________ CS Teacher’s Signature __________________________ University Mentor’s Signature __________________________

Comments:
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Return This Signed Form: Dr. Wighting (Main Campus) or Dr. Hoskins (Alexandria Campus)