



**EDUCATOR PREPARATION PROGRAM (EPP) APPLICATION TO PROVIDE
CLINICAL TEACHING/STUDENT TEACHING/INTERNSHIP FOR A CANDIDATE THAT IS CONDUCTED
OUT-Of-STATE/U.S. TERRITORY**

Texas Administrative Code (TAC) §228.35(d)(4)(A): All Department of Defense Education Activity (DoDEA) schools, wherever located, and all schools accredited by the Texas Private School Accreditation Commission (TEPSAC) are approved by the TEA for purposes of field-based experience, internship, student teaching, clinical teaching, and/or practicum.

Texas Administrative Code §228.35(d)(4)(C): An educator preparation program may file an application with the TEA for approval, subject to periodic review, of a public or private school located within any state or territory of the United States, as a site for an internship, student teaching, clinical teaching, and/or practicum required by this chapter.

General Provisions: The student/clinical teaching or intern candidates must have completed a minimum of 300 clock hours of coursework including the 17 curriculum topics required in TAC §228.30 including a minimum of 30 clock hours of field-based observations required in TAC 228.35(a)((3)(A).

EPP APPLICANT INFORMATION		
EPP Applicant:		
County District Number:		
Contact Person:		
Address:		
City:	State:	Zip:
Phone:		
Email:	Website:	
Submission Date:		Desired Start Date:
Insufficient information in any area of the proposal may delay program approval. The proposal will be evaluated by two Program Specialists and the Manager of Educator Preparation. This may take several weeks. Please keep this time constraints in mind when submitting your application. There currently is no fee associated with this application.		

Submit one email copy with a read receipt to document delivery to Sandra.nix@tea.state.tx.us.

CANDIDATE INFORMATION		
Name of Candidate:		
TEA Identification Number:		
Certification Being Sought:		
Student /Clinical Teaching/Internship Grade Level Assignment:		
Address:		
City:	State:	Zip:
Phone:		
Email:		

STATE/ US TERRITORY/ SCHOOL DISTRICT/CAMPUS PLACEMENT INFORMATION			
Name of State/U.S. Territory:			
Name of School District/Campus:			
U. S. Territory/School District/Campus Accreditation(s):			
Contact Person:			
Address:			
City:	State:	U. S. Territory:	Zip:
Phone:			
Email:			
Website:			

- I. In the space below, describe the circumstances that necessitate this request for student teaching/clinical teaching/internship outside of the State of Texas.

II. On the charts below, provide the following information:

Certificate Sought: _____

Grade Levels: _____

Destination State or U. S. Territory: _____

School District/Campus _____

Section A: Please submit a cross-walk comparison of the instructional standards of the destination state/territory/school district/campus with those of the Texas Essential Knowledge and Skills (TEKS) for the certification area and grade levels being sought.

Applicable TEKS by Content/Grade Level http://www.tea.state.tx.us/index2.aspx?id=6148	Destination State/U. S. Territory's Instructional Standards by Content/Grade Level	For TEA Use Only
		A D
		A D
		A D
		A D
		A D
		A D

Section B: Please submit a crosswalk comparison of the alignment of the destination state/territory's Pedagogy and Content Area Educator Standards for the certificate/grade level being sought to those of the Texas State Board for Educator Certification (SBEC) Educator Standards and Pedagogy and Professional Standards approved for the certificate/grade level for the certification being sought.

SBEC Educator Standards and PPR for the Certificate Area/Grade Level Being Sought.	Destination State/ U.S. Territory's Correlating Educator Standards and Pedagogy for the Certificate Area/Grade Level Being Sought	For TEA Use Only
		A D
		A D
		A D
		A D
		A D
		A D

III. Complete the chart below to describe the Cooperating Teacher/Mentor for the student/clinical teacher/intern candidate.

Program Requirements for Cooperating Teacher/Mentor

Cooperating Teacher/Mentor Information	EPP Plan for Implementing
Name of Cooperating Teacher/Mentor: (One must be identified prior to application)	
Years of teaching experience: (Must be more than three years)	
Teaching/professional certification(s) held: (Must match candidate's)	
State issuing certification(s):	
Describe training cooperating teacher/mentor has or will receive to support candidate.	
How is cooperating teacher/mentor training documented by program?	
Commitment between Cooperating Teacher/Mentor and EPP	
Contract or written agreement	Please attach blank copy, if applicable.
Compensation of any type	Yes _____ NO _____
What type of on-going support will be provided to the Cooperating Teacher/Mentor by the EPP?	

Cooperating Teacher/Mentor Information	EPP Plan for Implementing
Expectations of Cooperating Teacher/Mentor	
How will he/she communication and collaboration with the field supervisor?	
Will he/she be required to do observations of the candidate? If so, how many?	Yes___ Number___ No___
How will he/she provide feedback to the candidate?	
How will he/she provide feedback to the EPP?	

IV. Complete the chart below to describe the Field Supervisor and supervision process for the student/clinical teacher/intern candidate.

Information about Field Supervision [TAC §228.35 (f)]

Field Supervisor Information	
Name of Field Supervisor: (One must be identified prior to application)	
Current Educator Certification(s):	
Educational Credentials/ Qualifications:	
Describe the training that has or will be provided to the Field Supervisor.	
How will the training be documented?	
Commitment between Field Supervisor and EPP	
Contract or Written Agreement with EPP	Please attach blank copy, if applicable.
Will the field supervisor be compensated?	Yes_____ No_____
What type of on-going support will be provided to the Field Supervisor by the EPP?	
Field Supervision Process	Program Requirements
Describe when the initial contact with candidate will be made?	
How will the initial contact with the candidate be made?	Face-to-face _____ Email_____ Telephone_____
When will first formal observation of the candidates be conducted?	
How many formal observations will be conducted for the student teacher/clinical teacher/ interns?	
What will be schedule for formal observations of intern?	
What will be the duration of each formal observation?	
How will formal observations be documented?	Please attach blank copy of form
How will the field supervisor provide feedback	

Field Supervisor Information	
to the candidate about the results of the formal observations?	
Who will receive copies of the formal observation documentation?	
How will additional observations and coaching be documented?	
How will field supervisor communicate and collaborate with the cooperating teacher/mentor?	

V. In the space below, describe resources that will be available to the student/clinical teacher/intern should he/she be struggling in the teaching experience.

VI. In the space below, describe the measures that will be taken by the educator preparation program to ensure that the candidate's experience will be equivalent to that of a candidate in a Texas public/private school accredited by TEA.

VII. In the space below, explain any other information that may be beneficial in considering this request.

Assurances

The EPP will ensure that the cooperating teacher/mentor will possess equivalent content and grade level certification as those being sought by the student/clinical teacher/intern.

The EPP will ensure, as applicable, that the candidate will experience either:

- (1) a student/clinical teaching experience of a minimum of 12 weeks, or
- (2) an internship of 180 days or a full academic year.

The EPP will ensure that the candidate serving an internship will be placed on a Texas Probationary Certificate and will complete the internship within a period of three years.

The EPP will ensure that the candidate serving an internship is supervised by a field supervisor for the duration that the intern is on a probationary certificate recommended by the EPP.

The EPP will file a report by September 15th of each year on the status of the candidate and the effectiveness of the Out-of-State/U.S. Territory program.

Signature

Title

Printed Name of Above

Date