

Acknowledgment of Texas Woman's University Clinical Student Teaching Handbook

Name: _____

University Supervisor: _____

My signature below acknowledges that I have accessed the Texas Woman's University Clinical Student Teaching Handbook online.

- 1) I have read and fully understand the handbook and supplements and agree to abide by the policies and procedures defined or referenced in the handbook.

- 2) I have read, fully understand and will abide by the Texas Education Agency's Educators' Code of Ethic, Chapter 247, Rule 247.2, as specified in the Clinical Student Teaching Handbook.

As a clinical student teacher, I realize I have an obligation to inform my university supervisor of any changes in personal information, such as name, telephone number, email address, etc. that may occur during the semester. I also accept responsibility for contacting my supervisor if I have any questions, concerns, or need further explanation.

Signature: _____

Date: _____

Note: Please download, initial boxes, sign and date one copy of this form. Bring this form with you to the Texas Woman's University Clinical Student Teacher Orientation. Further instructions will be discussed during the meeting.