Old Dominion University
Darden College of Education and Professional Studies

OFFICE OF CLINICAL EXPERIENCES
TEACHER CANDIDATE INTERNSHIP MENTOR OPTION

Policy
The faculty and staff of the Darden College of Education and Professional Studies are committed to providing Old Dominion University candidates with an approved teacher education preparation program that prepares teacher candidates for a successful experience as a licensed teacher. A vital component in the teacher education preparation program is the teacher candidate internship experience. Old Dominion University (ODU) is aware of the challenges facing our partner school divisions in meeting their needs for qualified teachers. As a result, we recognize that, on occasion, our teacher candidates will be invited to assume a teaching position prior to the completion of the teacher candidate internship experience.

The purpose of this option is to allow ODU teacher candidates to accept a full-time teaching contract when offered at the time they are to begin the teacher candidate internship. This option allows the teacher candidate to participate in and receive credit for their student teaching requirement. This option is not allowable for candidates who are already teaching under a provisional license. Old Dominion University teacher candidates must meet the following criteria in order to be approved for the Teacher Candidate Internship Mentor Option:

- Must be approved by the Associate Director of the Office of Clinical Experiences, prior to accepting the full-time teaching contract
- Passing scores on Praxis Core Academic Skills, Praxis I, or equivalent scores
- Passing scores on Praxis Subject Assessments (formerly Praxis II)
- Passing scores on the Reading for Virginia Educators Assessment (Pk-3 and Pk-6 program candidates only)
- Passing scores on the Virginia Communication and Literacy Assessment
- Successful completion of the ODU clearance process
- All course work must be completed with required grades, as outlined in their respective approved teacher education program - including content and professional courses
- Must meet GPA requirements, as outlined in their respective approved teacher education program.
- Must attend the Teacher Candidate Internship Orientation in their region.

Procedure
ACADEMIC DEPARTMENT’S REQUIREMENT FOR THE TEACHER CANDIDATE INTERNSHIP MENTOR OPTION:

- Candidates must complete and submit by the established deadline the teacher candidate internship application for placement.
- Candidates must inform the school division’s human resources hiring personnel of this policy and provide the representative with a copy of the policy.
- The school division human resources hiring personnel must complete and sign the School Division Acknowledgement of Hiring an Old Dominion University Student Teacher Candidate form. This form acknowledges that the school division agrees that the teacher candidate:
  a) Is completing the teacher candidate internship as required by the respective program;
b) **Must attend the Teacher Candidate Internship Orientation in their region**;

c) Must be assigned a mentor to work collaboratively with the University Supervisor and must conduct all evaluations; and

d) Must meet all ODU Teacher Candidate Internship requirements and functions to receive a Pass grade in the student teaching component, as outlined in the approved teacher education program and the *Teacher Candidate Internship Handbook*.

e) Candidate must give permission to ODU and school division representatives to review, evaluate and discuss the candidate’s progress as it relates to school personnel records.

- Candidates meeting this **Policy** criteria, *Teacher Candidate Internship Mentor Option*, must complete the *Request for the Teacher Candidate Internship Mentor Option* form and submit it, along with the signed *School Division Acknowledgement of Hiring* form, and the College Verification page of the licensure packet to the Associate Director, Office of Clinical Experiences, 1107 Education Building, or send via email to placements@odu.edu.

- When the request is approved, candidates must enroll in their required academic department’s teacher candidate internship course number listed in their respective curriculum program sheet.

- The candidate **may now accept** the contract offered by the school division. A copy of the signed contract must be submitted to the Office of Clinical Experiences, 1107 Education Building, or send via email to placements@odu.edu for the mentorship paperwork to be considered completed.

- The Old Dominion University licensure and field placement specialist will work with the human resources specialist in the school division offering the contract for the position to ensure that the candidate (now called an intern), will be allowed to complete his/her teacher candidate internship experience while working in the assigned position. Further the **school division acknowledges**:

  - a) That the candidate is completing the teacher candidate internship component as outlined in the Old Dominion University approved teacher education program;

  - b) **That the candidate must attend the Teacher Candidate Internship Orientation in their region**;

  - c) That the school division will submit a request for a nonrenewable provisional license to be issued by the Virginia Department of Education (where applicable);

  - d) That a teacher on a continuing contract (who holds a renewable license) in the same area of endorsement is assigned as mentor to the teacher candidate.

- The mentor will function as the clinical faculty and will conduct a minimum of 6 observations. The mentor will:
  a) do formative evaluations of the intern; b) collaborate with the intern to develop lesson plans; c) meet and discuss the intern’s progress with the assigned University Supervisor; d) be paid a stipend by Old Dominion University; and e) earn licensure recertification points as a clinical faculty (as designated in the Virginia Department of Education Recertification Policy).

- In addition to working with the assigned mentor, the University Supervisor will communicate with the building administrator who is assigned to evaluate the intern (who is now a provisionally licensed teacher). The University Supervisor and the administrator will collaborate regarding the evaluation (grade) of the intern/teacher.

- Candidates will be required to meet all requirements of the teacher candidate internship experience and the internship seminars. This includes attending all seminars, developing approved lesson plans, maintaining a journal, submitting reflective evaluations, and developing and submitting impact on student learning unit and the professional portfolio.
Request for the Teacher Candidate Internship Mentor Option

Date of Request ________________

Dear Associate Director of the Office of Clinical Experiences:

I meet the requirements necessary for placement in my teacher candidate internship course under the Mentor Option, as outlined below, please initial each line below:

- □ I have completed all of the content and professional courses required in the approved teacher education program for licensure. _____
- □ I have earned the required grades and GPA's in my undergraduate or post-baccalaureate endorsement teacher education program. _____
- □ I have earned a minimum 3.00 GPA in my master's with initial licensure program and at least a B grade in my graduate practicum course (where applicable). _____
- □ I have earned passing scores Praxis II, Virginia Communication and Literacy Assessment, and Reading for Virginia Educators assessment (when required). _____
- □ I have completed the First Aid/CPR/AED training. _____
- □ I have completed the Dyslexia Awareness Training Module. _____
- □ I have completed the Child Abuse and Neglect Recognition training. _____
- □ ALL search results have been received by ODU for the clearance process and for placement. _____
- □ I have been awarded a full time teaching contract in my area of endorsement by a school division. _____
- □ I have submitted a College Verification form to the Office of Clinical Experiences, to be given to my school division for my professional licensure packet _____

I understand that when the request is approved:

- □ I must enroll in the academic department’s teacher candidate internship course and that I must notify the Old Dominion University Placement Specialist in writing of my intent to participate in the Teacher Candidate Internship Mentor Option. _____
- □ I must attend the Teacher Candidate Internship Orientation in my region. _____
- □ I will further provide the details of my position to coordinate the necessary arrangements for supervision and mentorship. Mail to: Office of Clinical Experiences, 1107 Education Building, Norfolk, VA 23529. _____

Sincerely,

__________________________  __________________________
Signature of Teacher Candidate  Program

__________________________  __________________________
Print Name of Teacher Candidate  Telephone Number

University Identification Number (UIN)

Approval:

__________________________  __________________________
Associate Director, Office of Clinical Experiences  Date
Darden College of Education and Professional Studies
Old Dominion University
School Division Acknowledgement of Hiring an OLD DOMINION UNIVERSITY STUDENT TEACHER CANDIDATE

Please complete all information requested below. The teacher candidate must complete Part I and attach the Old Dominion University Mentor Option policy and Request for Teacher Candidate Internship Mentor Option. The School Division completes Part II and III. The Old Dominion University Student Teacher Candidate is responsible for returning this signed form to the Office of Clinical Experiences, 757-683-3348, 1107 Education Building, 1107 to confirm Mentor Option assignment.

### Part I: Student Teacher Candidate Information

<table>
<thead>
<tr>
<th>Full Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>Apartment/Unit #</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>E-Mail:</td>
</tr>
<tr>
<td>Social Security#:</td>
<td>UIN:</td>
</tr>
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### Part II: Teaching Position Offered to Student Teacher Candidate

<table>
<thead>
<tr>
<th>Title and Grade Level</th>
<th>School Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal:</td>
<td>School Division:</td>
</tr>
<tr>
<td>Phone:</td>
<td>E-Mail:</td>
</tr>
<tr>
<td>Mentor Teacher:</td>
<td>Grade Level:</td>
</tr>
<tr>
<td>Phone:</td>
<td>E-Mail:</td>
</tr>
<tr>
<td>Start Date:</td>
<td>Salary:</td>
</tr>
</tbody>
</table>

### Part III: School Division Acknowledgement

<table>
<thead>
<tr>
<th>Full Name of Authorized Official:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>Apartment/Unit #</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Position Title:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

As the school division authorized official, I acknowledge that I have received the Old Dominion University policy on hiring a Student Teacher Candidate under the Mentor Option and agree that the school division will abide by this policy.

Signature: ___________________________ Date: ___________________________
COLLEGE VERIFICATION FORM

The purpose of this form is to determine whether an applicant for licensure has completed a state-approved preparation program at the undergraduate or graduate level. In these cases, the form must be completed by the appropriate certification/licensure official of the college/university where the program has been completed. The completed form must be submitted to this office by the applicant along with other items required for licensure or to the Virginia school administrator with whom the applicant has accepted employment.

PART I:

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>- -</th>
<th>Date of Birth (Month/Day/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
<td>First Name</td>
</tr>
<tr>
<td>Address (Street, City, State, Zip Code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Institution</td>
<td></td>
<td>Degree Earned</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date of Degree Conferral (Month/Day/Year)</td>
</tr>
</tbody>
</table>

PART II: Please check the appropriate response:

☐ YES  ☐ NO  By my signature I certify that the applicant satisfactorily completed a state-approved preparation program and completed endorsements (teaching, administration and supervision or pupil personnel services) in the following areas:

Endorsements: ____________________________

PART III: Student Teaching, Internship, and/or Practicum Experience (Use line D for Special Education Experience):

<table>
<thead>
<tr>
<th>Course Title: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Number: ________________________</td>
</tr>
<tr>
<td>Clock Hours: __________________________</td>
</tr>
<tr>
<td>A. High School grade (s): ____________</td>
</tr>
<tr>
<td>B. Elementary grade (s): ______________</td>
</tr>
<tr>
<td>C. Special subject area(s) &amp; Grade level: Subject (e.g., Visual Art, Health and P.E.): ____________</td>
</tr>
<tr>
<td>Grade level (s): ____________________</td>
</tr>
<tr>
<td>D. Special education specific area(s)* and grade level (s) ____________</td>
</tr>
</tbody>
</table>

*Please specify the exact nature of the exceptional child (children) included in the student teaching/practicum experience.

PART IV: To be completed by Virginia colleges and universities only:

If I am signing as a Virginia college or university representative, my signature below certifies that the individual has met the following requirements checked below:

☐ Child abuse and neglect recognition and intervention training;
☐ Certification or training in emergency first aid, CPR including hands-on practice, and the use of AED;
☐ Dyslexia training; and
☐ School counselors training (if applicable).

Requisite to compliance with the licensure regulations established by the Virginia Board of Education are the following conditions: the applicant must be at least 18 years of age and must possess good moral character. By my signature, I certify on the basis of my information and belief that the applicant possesses good moral character.

SIGNATURE: ____________________________ |
| DATE: ____________________________ |

NAME: ____________________________ |
| PHONE NUMBER: ( ) - |

TITLE: ____________________________ |
| INSTITUTION: ____________________ |

STREET ADDRESS (STREET, CITY, STATE, ZIP):
| EMAIL ADDRESS: __________________ |

November 15, 2019
Virginia Department of Education
Department of Teacher Education and Licensure
P. O. Box 2120
Richmond, VA 23218-2120

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