

CLINICAL EDUCATOR REGISTRATION

To insure that you receive either a Certificate of Participation from the University or Inservice Points through participating district offices, please complete this registration form and return it to Florida Atlantic University's Office of Student Teaching.

Semester: _____ Fall _____ Spring Year: _____

Your Name _____ Social Security # _____

Your Professional Email Address _____

District _____ School Name _____

Name of Developing Teacher _____ SS# _____

Major: ___ Elementary ___ Secondary ___ ESE Practicum
___ ESE Internship ___ Counselor Practicum ___ Counselor Internship

Check One:

___ I wish to receive a Certificate of Participation from Florida Atlantic University

___ I wish to receive Inservice Points from the District (Palm Beach, Indian River, or Okeechobee Counties ONLY). **I will request that the district inservice points contact at my school activate the appropriate inservice component.**

I certify that I have either attended an orientation meeting for Clinical Educators within the last twelve months or reviewed all materials available on the FAC Clinical Educator Orientation web page at the start of the current semester. I have also requested a copy of the Student Teaching Handbook and course syllabus for student teaching from the Developing Teacher assigned to me.

Clinical Educator's Signature

Date

Please FAX this registration form to the Office of Student Teaching by the end of the fourth week of the semester:

Director/Coordinator of Student Teaching
Palm Beach and Treasure Coast – (561) 297-2991
Broward and Miami-Dade Counties - (954) 236-1022