Texas A&M International University

Department of Professional Programs

Site Supervisor Agreement

*Please complete and sign this form*

Campus: **Name**:

Last First

Work E-mail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is enrolled in the Practicum Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Texas A&M International University and is seeking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certification.

I agree to serve as the campus site supervisor for the above mentioned student. The practicum is a three-semester hour credit requiring the satisfactory completion of a field experience under supervision. The student is required to complete \_\_\_\_\_\_\_ hours of site-based tasks and activities whereby the candidate must demonstrate proficiency in each of the educator standards for the certification class being sought.

*Site Supervisor Characteristics:*

* *3 years of experience in the aspect(s) of the certification class being pursued by the candidate*
* *Currently certified in the certification category for which the candidate is seeking certification*
* *Guides, assists and supports the candidate during the candidate’s practicum*
* *Who reports the candidate’s prograss to that candidate’s university field spuervior.*

*I have reviewed the Site Supervisor Characteristics as described on this form and attest that I meet the requirements to participate as a site supervisor for the above mentioned candidate.*

*I will not disclose student FERPA information*

Site Supervisor Signature Date

EMAIL TO: Dr. Mayra L. Peña, Director of Field and Clinical Experiences

at

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