

University of Northern Colorado
Division of Special Education
Campus Box 141
Greeley, CO 80639

VISUAL IMPAIRMENT SPECIALIST

Practicum Guidelines EDSE 644

Paula Conroy, Ed.D.
Severe Needs Vision
Program Coordinator
970-351-1651
paula.conroy@unco.edu

Kay A. Ferrell, Ph.D.
Professor of Special Education
kay.ferrell@unco.edu

January, 2007

ROLES AND RESPONSIBILITIES OF THE PRACTICUM STUDENT

It is recommended that the practicum student:

1. Initiate contact with the cooperating teacher and, when possible, schedule a visit to the practicum site prior to the reporting date.
2. Become familiar with the entire program and support services.
3. Follow established procedures, practices, and requirements of the practicum facility, particularly with regard to work times, inservice experiences, and extracurricular activities. During the practicum, the student teacher is subject to the same work hours as the supervising teacher.
4. Become involved in extra-curricular activities and other relevant functions of the facility.
5. Take responsibility for learning about the background and individual characteristics of each child served by the supervising teacher.
6. Complete all tasks, which are assigned by the supervising teacher and by the university supervisor during the practicum experience.
7. Develop meaningful objectives and maintain written lesson plans for each assigned student.
8. Make arrangements for his or her own transportation to and from the practicum site and within the district.
9. Contact the university consultant in the event that problems arise that cannot be resolved at the practicum site. The first step, however, is to discuss the problems with the supervising teacher.
10. Notify the supervising teacher of absences as soon as possible (more than two absences will need to be made up and may result in an extension of the practicum).
11. Complete a portfolio of the practicum experience that includes all required forms and assignments. This is to include photos of the practicum student teaching and other artifacts as they are appropriate. Specific information about the organization of the portfolio will be given as the practicum begins.
12. Keep a journal of self-reflection describing your daily teaching experiences and e-mail it weekly to the university consultant.

ROLES AND RESPONSIBILITIES OF THE COOPERATING TEACHER

It is recommended that the cooperating teacher:

1. Demonstrate, guide, supervise, and evaluate the school related activities of the SUDFWLFXP VWXGHQW 7KH SUDFWLFXP H[SHULHQFH LV training. The practicum can provide a breadth of realistic experiences simply not available through course work.
2. Provide opportunities for the practicum student to gain information about the needs, goals, and objectives for each child with visual disabilities through discussions, conferences, records, and observations.
3. Familiarize the practicum student to the philosophy, policies and procedures of the school system or agency.
4. Provide opportunities for a variety of related experiences. This may include observations in other classrooms, therapy sessions, meetings, conferences and visits to local community resources.
5. Assist the practicum student in developing realistic and purposeful objectives and educational plans.
6. Arrange activities that provide opportunities for the practicum student to work with parents or other family members.
7. Provide teaching experiences in related areas upon agreement with the university consultant. These may vary depending upon the needs of the teacher candidate.
8. &RQGFW ZHHNO\ IRUPDO DQG RU LQIRUPDO REVHUYDW activities and meet weekly to give feedback on these observations.
9. 6XEPLW HYDOXDWLRQ UHSRUWV WR WKH XQLYHUVLW\ F progress and recommend a final grade.
10. Notify the university consultant of problems that arise, particularly those that require immediate attention. Problems should first be discussed with the practicum student.
11. Require that the practicum student follow university policies regarding absences. (More than two absences must be made up and may result in an extension of practicum.)
12. BH SUHSDUHG WR ZULWH D UHFRPPHQGDWLRQ IRU WKH file, if appropriate.

13. Allow the practicum student to participate in IEP and IFSP meetings.

14.

ROLES AND RESPONSIBILITIES OF THE UNIVERSITY CONSULTANT

It is recommended that the university consultant:

1. 6 H O H F W D S R W H Q W L D O S U D F W L F X P V L W H D I W H U F R Q V L
geographic preferences.
2. Initiate appropriate communication with the potential practicum facility prior to the assignment.
3. Send the practicum guidelines and other pertinent information about the practicum student to the cooperating teacher.
4. Initiate reporting procedures to facilitate appropriate reimbursement of the cooperating teacher (this necessitates securing social security number and home address of cooperating teacher).
5. Schedule visits with the cooperating teacher to be distributed throughout the practicum experience (out-of-state placements may prohibit visiting, but other means of conferencing will be employed).
6. Maintain open communication with the cooperating teacher and practicum student and assist in resolving any problems that may occur.
- 7.

SEQUENCE OF ACTIVITIES

01/01/06

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SEQUENCE OF ACTIVITIES
FOR PLACEMENTS IN
EDUCATION OF STUDENTS
WITH VISUAL DISABILITIES

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RECORD OF PRACTICUM HOURS

Maintain this form in your practicum portfolio for review by your university consultant(s).

Name: _____

E-mail Address: _____

(Keep record in terms of clock hours; 60 minutes equals one hour.)

Week of:	Monday			Tuesday			Wednesday			Thursday			Friday			: H H N Total (A+B+C)
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	



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Maintain this form in your practicum portfolio for review
by your university supervisor.

PRACTICUM SITE
OBSERVATION FORM

Student's name: _____

Home telephone: _____

E-mail: _____

School/Agency of Placement: _____

Address: _____

Related Services Available to Students at the School/Agency (check all that apply):

- School nurse
- School psychologist
- Social worker
- Physical therapist
- Occupational therapist
- Communication Specialist
- Transition Services
- Physician
- Low vision specialist
- Other(s):

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by your university supervisor.

COOPERATING TEACHER
INTERVIEW FORM

Student's name: _____

Home telephone: _____

E-Address (v)- P(VI)lacnhHom _____

Who gets placed into regular classrooms and how?

How is time for your instruction allocated?

How are skills to be taught determined?

What instructional approaches are used? How are they established?

What evaluation methods are used to assess skill mastery?

What procedures are used for developing a master schedule?

What type of behavior management procedures do you use? How do you handle discipline problems?

How are special medical needs accommodated?

Is there parent contact? What can I do to become involved with parents?

What is the referral process for students you serve? Who participates? At what point do you become involved in the process?

What are emergency procedures for accidents?

For students with specific medical needs?

For fire?

For inclement weather?

If I am ill and unable to report for practicum, what procedures should I follow?

What in-service and staff meetings should I be prepared to attend? When do they occur?

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by your university supervisor(s).

CASELOAD INFORMATION
FORM

Student's name: _____

Home telephone/ e-mail: _____

School/Agency of Placement: _____

Address: _____

Telephone: _____

Cooperating Teacher's name and e-mail: _____

Place a check next to the type of instructional milieu in which you are placed:

_____ Itinerant O&M

_____ Itinerant VH

_____ Rehabilitation agency

_____ Residential school

_____ Resource room

_____ Self-contained class

_____ Other (please describe):

Check the categorical designation(s) of the students with whom you will work:

_____ Blind

_____ Deaf or hearing impaired

_____ Emotional disabilities

_____ Learning disabilities

_____ Legally blind

_____ Low vision

_____ Physical disabilities

_____ Speech/language disabilities

_____ Visually impaired

_____ Other(s) (please specify on next page):

- _____ Infant
- _____ Preschool
- _____ Preprimary
- _____ Primary
- _____ Elementary
- _____ Intermediate
- _____ Junior High School
- _____ High School
- _____ Post Secondary
- _____ Non graded
- _____ Inclusive setting based on function
- _____ Inclusive setting based on chronological age
- _____ Other(s) (please specify):

How many students are currently on the caseload? _____

Has this number been constant or does it fluctuate? _____

How many students are seen each day:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Are instructional or transcription aides available to supplement this program? If so, please describe their responsibilities:

I. ORGANIZATION

1. How is the caseload organized for most instructional activities? (provide examples)

2. How do students know what to do?

II. MANAGEMENT

1. How do students know what the rules are?
2. What motivation/reinforcers are used?
3. What are the consequences for not following rules?

III. TEACHING PROCEDURES

1. What types of strategies does your supervising teacher utilize?
2. How are activities presented?

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Maintain this form in your practicum portfolio for review by your university consultant.
Make as many copies as you need to cover your entire caseload.

STUDENT/CLIENT RECORD FORM

Provide an

**FORMS TO BE COMPLETED BY THE
COOPERATING TEACHER**

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PRACTICUM STUDENT EVALUATION FORM

Student's name: _____
 Home telephone: _____

School/Agency of Placement: _____
 Address: _____

Telephone: _____

Cooperating Teacher's name: _____

Directions: Cooperating teachers are asked to complete this form at the end of Weeks 3, 6, and 9, using the following evaluation code:

1 = Proficient

2 = Developing

3 = Novice

n/o = no opportunity

An additional column is available if you wish to add comments.

	Evaluation				
	1	2	3		
A. PROFESSIONALISM: In relation to work responsibilities, student:					
1. Works independently/uses initiative.					
2. Respects confidential materials.					
3. Accepts responsibility for					

PROFESSIONALISM: In relation to others:					
1. Sticks to time schedule.					
2. Schedules activities that can be completed during allotted time.					
3. Remains calm.					
4. Can find materials when needed.					
5. Preparation is adequate.					
6. Asks for assistance when needed.					
7. Positive with peers and supervisors.					
8. Uses tact.					
9. Treats children with respect.					
10. Establishes favorable rapport with students/clients.					
11. Establishes favorable rapport with professional staff.					

PROFESSIONALISM: In relation to self:					
1. Changes own behavior in response to feedback.					
2. Accepts criticism in a professional manner.					
3. Is self-confident.					
4. Grooms and dresses appropriately.					

B. ASSESSMENT:					
1. Interprets eye reports and other non-vision related diagnostic information.					
2. Uses disability-specific assessment instruments.					
3. Adapts and uses assessment procedures when evaluating individuals with visual impairments.					
4. Maintains disability-related records for individuals with visual impairments.					
5. Gathers background information and family history U H O D W H G W R W K H visual status.					

6. Interprets and uses assessment data for instructional planning with individuals with visual impairments.					
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C. TEACHING METHODS AND MATERIALS					
Preparation for teaching:					
1. Demonstrates knowledge of subject matter.					
2. Demonstrates knowledge of current trends in the field.					
3. Selects appropriate goals and objectives, based on V W X G H Q W V ¶ Q H H G					
4. Writes behavioral objectives.					
5. Chooses appropriate tasks.					
6. Selects appropriate materials.					
7. Selects appropriate teaching strategy.					
8. Pre-					

2. Uses effective cues/prompts.					
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3. Uses effective rate of presentation.

1. Maintains data for students.

Please complete
And return to:

Dr. Paula Conroy
SPECIAL EDUCATION PRACTICUM EXPERIENCE
UNIVERSITY OF NORTHERN COLORADO
Campus Box 141
GREELEY, COLORADO 80639

Special Education Major area _____

Accepted Assignment in _____ Public Schools

_____ (Student Number)

_____ (Semester Hours)

_____ (Semester)

_____ (Year)

Request for placement of _____ With

_____ (Student)

_____ (Cooperating Teacher) (School)

_____ (Social Security Number)

School Address: _____

School City, State, Zip: _____

School Phone: _____

_____ &RRSHUDWLQJ 7HDFKHU¶V 6LJQDWXUH