MSU Teacher Preparation Program
REPORT ON SUBSTITUTE TEACHING BY AN INTERN
Part I. To be submitted to Cluster Leader upon initial approval to substitute teach.

Intern's name:_____________________________________________________

Collaborating Teacher:_____________________ School: ___________________________

It is generally recommended that the intern's readiness for subbing is most accurately assessed toward the end of week 8 or 9 of fall semester. In some cases, even more time will be needed to be sure the intern is ready to take on that responsibility. Readiness is decided on a case by case basis in consultation with the intern, the collaborating teacher, the field instructor, and the cluster leader.

The undersigned agree that the following requirements have been met:

- The intern judges that he or she is prepared to accept the responsibility of serving as a substitute teacher, and freely chooses to do so.
- The collaborating teacher determines that the interests of his or her pupils will be served.
- MSU's field instructor and cluster leader determine that the intern is making satisfactory progress in the internship, including the required courses, and so should benefit from the experience.
- The intern has been qualified and accepted as a substitute teacher in accordance with the school district's policies and procedures.

The intern and collaborating teacher further agree that the following conditions will be met:

- The substitute teaching does not interfere with the intern's attendance at the MSU courses in which s/he is enrolled or with completion of assigned work in or related to those courses.
- The collaborating teacher's principal is informed in advance that the intern may or will serve as substitute.

Intern's signature date Collaborating Teacher's signature date

Field Instructor's signature date Building Administrator's signature date

Cluster Leader's signature date
**MSU Teacher Preparation Program**

**REPORT ON SUBSTITUTE TEACHING BY AN INTERN**

**Part II.** To be submitted to Cluster Leader at the end of each semester.

Intern's name: __________________________________________________________

Collaborating Teacher: __________________________  School: __________________________

The intern substituted for the collaborating teacher on the following occasions:

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<th>Date</th>
<th>Extent (enter &quot;1.0&quot; for full days, &quot;.5&quot; for half days)</th>
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Intern's signature

Collaborating Teacher's signature

Field Instructor's signature

Building Administrator's signature

**TOTAL**

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