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# Site Orientation Checklist

***Attention Cooperating Teachers*:** Please help your student teacher complete this form.

***Attention Supervisors*:** Ask the student teacher to discuss the completed version of this form with you.

***Attention Students*:** You are responsible for checking off these competencies by the midterm of student teaching. The cooperating teacher’s signature confirms completion of the required competencies. After obtaining the signature, discuss the form with your Supervisor.

* I am acquainted with the school building, facilities, library, restrooms, cafeteria, offices, parking regulations, faculty lounge, location of instructional resources and the classroom(s) in which I am teaching.
* I understand the use of support facilities such as pupil counseling, the library, audio-visual, and information/technology.
* I am familiar with the school’s safety and security policies, and the plan for fires, earthquakes, and all other emergencies.
* I understand the school’s policies and procedures for taking attendance, roll checks, and tardiness.
* I understand the rules of conduct established by the administration at the school.
* I am familiar with the school’s policies regarding classroom management strategies/plans.
* I have become acquainted with classroom rules, procedures and norms, e.g., discipline, permits, cheating, seating charts, and opening exercises.
* I understand my cooperating teacher’s expectations in terms of meetings, required conferences, lesson planning, and lesson plan requirements.
* I have received from my cooperating teacher copies of texts, teacher guides and other instructional materials.
* I have knowledge of the assessment/grading/evaluation procedures used at the school.
* I understand how students are to be grouped for instruction, i.e., by ability level, grade level, and/or subject matter.
* I know the names of the students I am teaching, as well as the correct spelling and pronunciation of their names.
* I have spent time informally interacting with students.
* I have received information that will enhance my ability to relate with students who have special circumstances.
* I had an opportunity to participate as a member of an individualized education program team (IEP) or attend an IEP meeting.

**Cooperating Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**