Warrior/Tech ID: _____

Early Clinical Documentation Form

Prior to admission to the College of Education, Winona State University students must have experience working with school-aged children. These hours are to be completed POST-HIGH SCHOOL graduation.

(Examples: daycare centers, camp counseling, coaching/sports instructor, story hours at a library, Sunday school/confirmation teacher, etc. Positions such as a nanny, babysitter, etc. do not qualify)

Complete this form to certify the experience requirements have been met. This should be signed by the official supervisor/coordinator who is knowledgeable of your work history. Then, return the form to the Center for Student Success in Cathedral 212 OR email it as a PDF attachment to CSS@winona.edu.

Student Name _____

WSU Email _____ **Phone** _____

Organization Name _____

Organization Address _____

Organization Phone _____ **Supervisor Name** _____

Student Job Title _____

Dates employed _____ to _____ **Total Hours** _____
Month/Date/Year **Month/Date/Year**

ORGANIZATION SUPERVISOR IS TO FILL OUT THE FOLLOWING:

As part of its accreditation process, WSU is required to assess the preparation of prospective teachers for professional dispositions. Please circle the most appropriate choice using the following guide:

1	2	3	N/A
Occasionally (Not acceptable)	Frequently	Habitually	Not Applicable/Observed

	Standard	
Dependability	Reliably present and prepared	1 2 3 N/A
Fair Interactions	Demonstrates openness to working with all students	1 2 3 N/A
Professional Appearance	Professional appearance projects an image consistent with parent and community expectations for teaching professionals, e.g. clothing, hygiene, physical appearance	1 2 3 N/A
Community Interaction	Interactions with others are respectful, purposeful, and professional	1 2 3 N/A
Oral Expression	Oral communication skills are appropriate to the school setting, e.g. grammar, usage, word choice, and oral presentation skills	1 2 3 N/A
Response to feedback	Utilizes feedback from colleagues and other professionals to adjustments in dispositions or classroom practices	1 2 3 N/A

Signature of Site Supervisor
or Clinical Coordinator: _____ **Date:**_____