



Candidate Name: _____ Program Track: ES MS SS

Review, initial, and sign off on each statement within the Assurance Form. Should you have a question regarding any statement on this Assurance Form, please direct those questions to the Clinical Practice Director and Teacher Education Program Director.

I agree to the following statements:

- I. I understand that I am unable to continue in this teacher education program until I have reviewed, initialed, and signed off on this Student Teaching Assurance Form. _____
- II. I understand that I must coordinate with my Academic Advisor and follow the Program of Study. _____
- III. I understand that I must activate and use my Alliant email account for ALL correspondence. _____
- IV. I understand that I am expected to attend and participate in all classes as scheduled, on time, and to continue attending classes for the full duration of the course, regardless of modality. _____
- V. I understand that if I fail to attend a course for a consecutive 14-day period I will be automatically administratively withdrawn from the course. _____
- VI. I understand that I am expected to follow the appropriate **Map of Study** for my enrolled program in order to complete program requirements within the designated time frame. Additionally, I understand that taking courses out of the approved sequence is not recommended and availability of the additional courses is not guaranteed. _____
- VII. I understand that while enrolled in this program, I am required to complete a minimum of 600 hours of clinical practice, per California Commission on Teacher Credentialing (CCTC) policy. _____
- VIII. I understand that while setting up Classroom Observations during Clinical Practice I and II, I must confirm that the school/district has an active Memorandum of Understanding (MOU) with Alliant International University prior to any observation hours. I also understand that Clinical Practice I and II must take place in a school/district that is on the current MOU List and that new MOUs will not be considered for Classroom Observation purposes. _____
- IX. I understand that I must work with the Clinical Practice Placement Lead to secure placement for Clinical Practice III and IV. I also understand that I must confirm that the school/district has an active Memorandum of Understanding (MOU) with Alliant International University by the last day of Week 2 of Clinical Practice II. _____
- X. I understand that I must maintain a 3.0 Grade Point Average for all coursework. If my GPA falls below 3.0, I understand that I will be placed on Academic Probation and/or be dismissed from my program _____
- XI. I understand that if I receive a grade of "F" in any course, the course must be repeated as determined by Student Evaluation Review Committee (SERC). _____



- XII. I understand that if I am not making adequate progress in my program and will be in danger of not passing any given course, I must inform my Master Teacher at my placement immediately. _____
- XIII. I understand that I must complete all Teaching Performance Assessments (TPAs) on or before the due date as identified by Pearson and Alliant International University. (*MS and SS = Required; Required for ES beginning T2 2022*) _____
- XIV. I understand that I am expected to register for the Reading Instruction Competence Assessment (RICA) prior to CP III. Additionally, I understand that I must complete and pass the RICA prior to my final term. (*MS and ES Only*) _____
- XV. I understand that while enrolled in the Student Teaching pathway, **Substitute Teaching** hours **do not** count toward my 600 clinical practice hours. _____
- XVI. I understand that while enrolled in the Student Teaching pathway, I am **not allowed** to be a Teacher-of-Record nor can I count employment as a teacher (substitute teaching, paraeducator, residency, etc.) toward my 600 clinical practice hours. _____
- XVII. I understand that should I need to change my school/district restriction at **any** point during the Teacher Education Student Teaching Credential Program, I **will not** use Substitute or paid hours towards my CP III & IV nor leave my current location until my District Change Request has been submitted and approved by the Clinical Practice Director and Teacher Education Program Director.

- XVIII. I understand that I must maintain consistent communication with my University Instructor/Mentor and Master Teacher throughout my time in the Student Teacher program pathway. _____
- XIX. I understand that my personal contact information (mailing address, email address, telephone number, etc.) must be kept current with Alliant International University at all times. _____
- XX. I understand that I am taking personal responsibility for complying with all institutional, program, and course requirements. In addition, I understand that I am responsible for complying with the policies and procedures of my clinical practice placement, including but not limited to applicable health and safety regulations. By signing this form, I am assuring that I have read the **Student Teaching Welcome Packet** and **Clinical Practice Handbook** and am willing to fully comply with program requirements. _____
- XXI. I understand that should a medical emergency arise while I am enrolled in this program, I will inform my Academic Advisor at Alliant International University immediately. I understand that I cannot quit nor take a medical leave from my placement until I have written confirmation from Alliant International University. _____
- XXII. I understand that while enrolled in the Student Teacher program pathway, I will be expected to create an Individual Development Plan (IDP) that will bridge the program gap as I transition to an approved Induction Program after graduation. _____
- XXIII. I understand that I will not be considered a “program completer” until all program and state requirements have been successfully met. Furthermore, I understand that this may include, but is not limited to: program coursework and assignments, edTPA, RICA, and valid CPR Cards. _____



XXIV. I understand that if all program and state requirements have not been met by the end of Clinical Practice IV, I will be required to enroll in Advanced Mentoring. Additionally, I understand that Advanced Mentoring is not part of the general **Map of Study** for Alliant International University, and will, therefore, be an out-of-pocket expense and ineligible for financial aid. _____

XXV. I understand that if I fail to adhere to these program expectations, I will be required to go through the Student Evaluation Review Committee (SERC) process with the possibility of dismissal from the teacher preparation program. _____

XXVI. As per Executive Order (EO) effective during the 2020-2021 Academic Year and the Executive Order Extension signed into law on July 9, 2021, Applicants Enrolling in a Teacher Preparation Program beginning 2020 Academic Year through January 31, 2022:

The EO suspends the Basic Skills Requirement (BSR) and Subject Matter Competency (SMC) for program entry and moves the requirement to prior to recommendation for the preliminary credential.

I acknowledge and understand that, should I fall under the Executive Order, I must fulfill BSR and SMC prior to being recommended by Alliant International University for a preliminary credential.

I further acknowledge and understand that failure to do so may result in the inability to apply for teaching positions until I am recommended for my preliminary credential. _____

I acknowledge and understand that should the Executive Order expire, I must fulfill BSR and SMC prior to being cleared to begin Clinical Practice III. _____

XXVII. As per AB 130, candidates enrolled in a teacher preparation program must meet BSR via one of the following expanded options:

- **Exam**
- **Coursework**
- **Combination Exam + Coursework**

I acknowledge and understand that, should I fall under the Executive Order, I must fulfill BSR prior to being recommended by Alliant International University for a preliminary credential. _____

I further acknowledge and understand that failure to do so may result in the inability to apply for teaching positions until I am recommended for my preliminary credential. _____

I acknowledge and understand that should the Executive Order expire, I must fulfill BSR and SMC prior to being cleared to begin Clinical Practice III. _____

XXVIII. As per AB 130, candidates enrolled in a teacher preparation program must meet SMC via one of the following options:

- **Exam**
- **Approved Subject Matter Preparation Program**
- **Coursework**



ASSURANCE FORM

Student Teaching Pathway

- **Academic Major**
- **Combination Exam + Coursework**

I acknowledge and understand that, should I fall under the Executive Order, I must fulfill SMC prior to being recommended by Alliant International University for a preliminary credential. _____

I further acknowledge and understand that failure to do so may result in the inability to apply for teaching positions until I am recommended for my preliminary credential. _____

I acknowledge and understand that should the Executive Order expire, I must fulfill SMC prior to being cleared to begin Clinical Practice III. _____

Student Teacher Candidate Signature

Date

A copy of this signed Assurance Form will be housed in the Student Teacher Candidate's Alliant International University student file. A copy of the Assurance Form Expectations will be available to University Support Providers (Course Instructors) and Master Teachers.