

Date

XXX  
Superintendent  
XXX School District  
Address

Re: Student Teaching Placement Experiences

Dear Dr. XX:

Thank you for your continued support of teacher education at Illinois State University. ISU teacher preparation programs would like to continue to place student teaching candidates within your district for clinical experiences. Due to the extenuating circumstances regarding the COVID-19 pandemic, we ask that you acknowledge your agreement with the following items. If you do not agree and acknowledge by September 1, 2020 the University may not be able to send its students to complete student teaching clinical experiences in your District this semester.

Acknowledgements:

1. By signing this letter of agreement, the District certifies that it follows and will continue to follow all Illinois State Board of Education (ISBE) guidance issued regarding COVID-19. Noncompliance with ISBE guidance will be cause for the University to remove or not place participating student teachers.
2. When a student teaching placements are completed in a remote format, the District will allow participating students and University supervisor(s) to access the District's electronic platform to fulfill the student teaching and participate remotely in their student teaching placement.
3. The District will agree to request parent permission for the University's participating teacher candidates to video record their child's participation and for the teacher candidates and University supervisor to view/use the video recordings for evaluation of the teacher candidate. Videotaping consent form is [Linked](#) here.
4. University will notify all of its participating students of the requirement to comply with ISBE COVID-19 guidance implemented by the District.

Thank you for accepting Illinois State University teacher candidates into the district. Please fill in the following information and hit submit.

- I have the authority to agree to the requirements outlined in this document on behalf of the district.
- I have read, understand, and agree to all of the requirements outlined in this document.

Name \_\_\_\_\_

District \_\_\_\_\_

Title \_\_\_\_\_

Sincerely,

Christy Borders  
Director  
Cecilia J. Lauby Teacher Education Center