

INDIANA UNIVERSITY SOUTHEAST  
SCHOOL OF EDUCATION

Field Supervisor/Mentor Information

To maintain our NCATE accreditation, the IU Southeast School of Education must document the background and expertise of field placement supervisors/mentors for clinical experiences with student teachers, counseling interns, or leadership protégés. This information is also required to process an honorarium for the supervisor/mentor, if applicable. *Your information will be kept confidential.*

Please use the back or another sheet if you need more space. You may attach your state's website report on your certifications and omit the related questions.

Thank you!  
Jane Riehl & Jim Clements, Field Placement Coordinators

**Personal/Professional Information (please PRINT or CIRCLE choice):**

Supervisor's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Student Teacher's/Intern's Name: \_\_\_\_\_

Highest Education Degree (circle one): BA/BS, MA/MS, +30/Rank 1, Ed. D/Ph. D

Institution Granting Highest Degree: \_\_\_\_\_

Year Granted: \_\_\_\_\_

License(s) Held w/Certification Area(s): \_\_\_\_\_

Years of Teaching Experience: \_\_\_\_\_

Years of Counseling Experience: \_\_\_\_\_

Years of Administrative Experience: \_\_\_\_\_

Gender: Male, Female

Race/Ethnicity:

American Indian/Alaskan Aleut, Asian American, Black or African American,  
Hispanic or Latino, Native Hawaiian/Other Pacific Islander, White, Two or More  
Races, Other

Professional Development: (ex: Mentor Training):

\_\_\_\_\_

Service as a Trainer (ex: ISTEP, 4 Block):

\_\_\_\_\_

(Over, please)

Leadership Role(s) in District/Corporation:

Membership/Offices Held in Professional Organizations:

Awards/Recognition Related to Education:

Professional Presentations/Publications (within last 3 years):

Approximate number of clinical experience (student teaching or internship) candidates supervised to date, prior to this current placement: \_\_\_\_\_

Approximate number of *early* field experience candidates supervised to date (e.g. F200, P250, Methods; NOT student teaching/internship): \_\_\_\_\_

### **School Information**

School Name: \_\_\_\_\_

Your Current School Assignment (Grade(s) & Subject(s)):

School Description (circle one): rural, urban, suburban

Approximate % of students in school on Free/Reduced Lunch: \_\_\_\_\_

Approximate % of students in school in each race/ethnicity:

Approximate % of ENL/ESL students in school: \_\_\_\_\_

Approximate % of IDEA students in school: \_\_\_\_\_

This form, and the W9 and Disbursement Voucher Payee Certification are to be completed and turned in to the IU Southeast School of Education Field Placement Office as soon as possible. Any required evaluation documents are to be sent to the Field Placement Office or to the University supervisor at the end of the clinical experience. All forms must be received before an honorarium check can be processed, if applicable.

Field Placement Office, Education  
Indiana University Southeast  
4201 Grant Line Road  
New Albany, IN 47150-6405

voice: 812/941.2386, fax: 812/941.2667