

**Kean University
College of Education
443 Hennings Hall /Union, NJ 07083
908-737-3750/Fax: 908-737-3760**

POLICY RESPONSE FORM

DIRECTIONS: Please complete this form and return it to your Clinical Supervisor by the end of the first week of your field experience.

Students who do not complete and return this form may be denied the opportunity to participate in their field experience.

Student Name _____

Kean ID Number _____

Course Number _____

Supervisor Name _____

Semester _____ Professional Internship _____ Pre-professional Experience _____

I agree to abide by the policies and procedures of Kean University, and the College of Education. I also agree to abide by the policies and procedures of any school district throughout the clinical placement experience, as well as complete the requirements of my field experience.

I have read Section X, Part B: *State of New Jersey Requirements for Educators – #3 Criminal History Background Check and #4 Disqualifying Offenses*, and understand that if I have been convicted of or have any charges pending, as defined, that I will be denied the opportunity to participate in or complete my field work and, in most cases, will be denied a teaching certificate from the State of New Jersey.

I also understand that Kean University reserves the right to remove a candidate from his/her clinical experience placement at the district/agency's request or by Kean University, College of Education administrative decision. I am aware that the clinical experience/professional internship or the preprofessional field experience may be repeated only once provided all recommended interventions are met and that formal application to repeat the field experience must be made to the program advisor two months prior to the start of the requested semester.

Student Signature

Date

**Clinical supervisors are to forward the original of this form to
the College of Education.**

Revised: 7/23/18