

Utah State University
 Department of Special Education and Rehabilitation Counseling Student Teaching Office
Triad Conference Agreement

Student Teacher _____ School _____

Mentor Teacher _____ Classroom Type _____

University Supervisor _____ Date _____

During Fall/Spring semester _____ year, we agree to the following plan of action:

Responsibility	Action Plan		Initials
School/Work Day Hours			
Cell Phone Policy			
School Safety Procedures			
Teaching Assignment (plan for transition into teaching)			
Curriculum to be taught			
Behavior Management			
Assignment Timelines	<i>Letter home due date</i>		
	Collaboration Assignment		
	Explicit Instruction Assignment		
	IEP Assignment		
	Behavior Assessment & Intervention Assignment		

_____ Student Teacher _____ Mentor Teacher _____ University Supervisor