Required Approval Letter for Clinical Educator Training


Clinical Educator Training (CET) is a high target district expectation for educators who serve as a mentor. Mentors are developed to serve the following: [1] new career teachers, [2] novice teachers, [3] a developing professional, and [4] pre-service teacher candidates.

Clinical Educator Training (CET) advances eligibility to become a/an: [1] School-based Professional Development Facilitator, [2] Academic coach/specialist, or [3] Aspiring school leader. This training is a job-embedded workshop in which educators will learn how to actively use research-based observation instruments, collect and analyze formative data, and engage in effective conferencing techniques.

Eligibility for training & pre-registration. Principals, please read and initial the following:

- [ ] Completed three (3) successful years of teaching experience. Teacher participants should begin CET training at year four (4) and beyond. You must have a professional certificate issued by the Florida Department of Education. Initial on the line.
- [ ] Three (3) consecutive years of effective or highly effective summative evaluation ratings. Initial on the line.
- [ ] Principal/Department supervisor agrees to release the educator to attend two (2)-consecutive days of CET Training. Initial on the line.
- [ ] I, the teacher, understand there is no stipend, pay increase or certification status attached to CET training. CET Training is for eligibility status only. All CET trainings have required follow-up assignments that must be completed within 30 calendar days after the conclusion of the training. Failure to submit the assignments in Bb on time, will result in a deduction of master plan points. NO ASSIGNMENT/WORK WILL BE ACCEPTED AFTER 45 DAYS.

Scan & email this form to Renee Jackson | Jacksonc9@duvalschools.org in the Office of Professional Development at least 3 days before the start date of the training.

The following teacher meets the teaching experience requirement, evaluation requirement and has my approval to FULLY attend Clinical Educator Training.

___________________________  ____________________________  ________________
Teacher PRINT NAME        Teacher SIGNATURE          Training Dates

___________________________  ____________________________  ________________
School Name/Primary Location  Principal/Department Supervisor Signature  Date

EVERY STUDENT-EVERY CLASSROOM-EVERY STUDENT-EVERY DAY
www.duvalschools.org