



## **Texas Clinical Teacher Award**

Presented by: Texas Directors of Field Experience

Application Deadline July 15, 2025

### **Award Overview**

This award recognizes three clinical teachers who have demonstrated, during his or her clinical teaching experience, an outstanding ability to:

- Plan and develop a repertoire of classroom management skills and instructional strategies that support the needs and curriculum of all students;
- Establish effective interpersonal relationships with students, parents, faculty, and staff; and
- Reflect about the teaching and learning process.

The packet must be postmarked no later than July 15, 2025 for all applicants, and sent to:

Dr. Sarah McMahan PO Box 2842 Frisco, TX 75023 smcmahan@twu.edu

The recipients will be announced no later than September 15, 2025

The awards will be presented at the 2025 CSOTTE Conference. The 2025 CSOTTE Conference will be held in Denton, Texas at the Embassy Suites Denton.

Direct application questions to Dr. Sarah McMahan smcmahan@twu.edu or (325)829-6989.

Students should take the application to their Field/Clinical Teaching office for signature. The Field/Clinical Teaching office will send the completed application to the committee chair, postmarked no later than July 15, 2025. Email confirmations will be sent upon receipt of materials.

The Texas Clinical Teacher of the Year Award has been aligned with the KDP/ATE National Student Teacher/Intern Award to facilitate/encourage applications for both awards. However, there are a few minor differences in the application processes. Details regarding application procedures for the KDP/ATE National Student Teacher/Intern Award can be found at: <a href="https://www.kdp.org/teacher-candidates/scholarships--awards">https://www.kdp.org/teacher-candidates/scholarships--awards</a> The local Field Director is responsible for facilitating applications for the national competition. **TDFE will not submit the applications for the national award.** Applicants do not have to be a winner of the TDFE award to be considered for the national award.

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### **Eligibility Criteria**

To be eligible for this award, at the time of application, the applicant must:

- be an undergraduate student enrolled in a teacher education program (leading to teacher certification) at an accredited institution of higher education and have completed at least 12 undergraduate credit hours in that institution's teacher education program;
- have an overall grade-point average of 3.0 or higher on a 4.0 scale;
- be or have been clinical teaching full time in a curricular area for which he or she is eligible for certification in a
  pre-K-12 classroom in an accredited public or private school where he or she spends the majority of the day in
  direct instructional contact with students;
- be committed to teaching as a full-time career;
- seek nomination or recommendation from their supervising teacher, university supervisor, or director of field experiences; and
- adhere to the requirements as outlined in the application materials.

#### **Guidelines for Application**

- 1. This application form must be completed following ALL of the guidelines to qualify for review and consideration.
- 2. All responses must reflect the applicant's excellent writing skills with attention paid to proper Standard American English mechanics, syntax, grammar and language usage, be typed, double-spaced, and conform to the word limitations noted. Application materials must represent the highest standards to be considered for final judging.
- 3. Part IV must be completed by the applicant's sponsor or by a representative of the college or university. To be eligible for the award, the sponsor must be <u>an active member</u> of the Texas Directors of Field Experience.
- 4. Each applicant must provide the following in electronic form in a shared Google Folder of on a **clearly labeled USB flash drive**:
  - One (1) fully completed application, including parts I, II, III, and IV
  - One (1) scanned copy of the applicant's official transcript
  - One (1) written lesson plan
  - One (1) original 30-minute lesson video also to include an introduction, a lesson, and reflection in either .MOV or .mp4 format. Other video formats cannot be accepted. Please strictly adhere to the guidelines for each section of the video. Each applicant should retain a copy of their video and application materials in the shared Google Folder or in case of loss or damage done during shipping.

Each applicant must share the link to a <u>Google folder (Example)</u> or submit a **USB flash drive** containing ALL required materials as described above as follows:

- Part I: General information fully completed and file named/labeled: last name\_first name\_application\_Part1\_general\_Information
- Part 2: your Background information file named/labeled: last name\_first name\_application\_Part2-Background\_Information.
- Part 3: Essays (3) and file named/labeled: last name\_first name\_application\_Part3-Essays
- Part 4: Sponsor's Recommendation and file named/labeled: last name first

name\_application\_Part4- Sponsor\_Recommendation

Part 5: Video and Lesson Plan (PDF) plus reflective pieces on the video. (all in one video: reflection, lesson, reflection) last name\_first name\_application\_Part5\_Video and last name\_first name\_application\_Part5\_Lesson Plan

File name example: Smith\_Taylor\_application\_Part1\_General\_Information

Submit Parts 1-5 on the applicant's flash drive filenamed/labeled with the applicant's first and last names.

## **TDFE Clinical Teacher of the Year: Applicant Checklist**

		.Complete 🗆
Part 1	General Information fully completed and file named/labeled: last name_first name_application_Part1_ general_Information	
Part 2	Background Information and file named/labeled: last name_first name_application_Part2-Background_Information.	
Part 3	Essays (3) and file named/labeled: last name_first name_application_Part3-Essays	
Part 4	Sponsor's Recommendation and file named/labeled: last name_first name_application_Part4- Sponsor_Recommendation	
Part 5	Video and Lesson Plan (PDF) plus reflective pieces on the video. (all in one video: reflection, lesson, reflection) last name_first name_application_Part5_Video and last name_first name_application_Part5_Lesson Plan	
Part 6	Transcript (PDF) last name_first name_application_Part6_Transcripts	. 🗖
All parts of the application are uploaded to a shared Google Folder with TDFELeadership@gmail.com and/or a USB drive has been mailed to the		.□Google Folder Shared
TDFE Clin	nical Teacher of the Year Committee.	.□USB Drive Mailed

Note: Only fully complete submissions including all required materials will be considered and reviewed by the CToY Committee.

## PART 1: General Information (PDF Form)

(Please type) Name (First) (Last) (MI) Current Address City\_\_\_\_\_Present Phone (\_\_\_)\_\_\_ Permanent Address\_\_\_\_\_ City\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_Permanent Phone (\_\_\_\_) E-M ail Address Applicant's University University Contact Person\_\_\_\_\_ Address of Contact Person\_\_\_\_\_ City\_\_\_\_\_Contact Phone (\_\_)\_\_\_\_ Teaching Major (if applicable) \_\_\_\_\_\_Minor(s) (if applicable) \_\_\_\_\_ Certification Level. □Pre-K-6 □7-12 □ Elem. □Sec. □Spec. Ed. □Other Content Field:\_\_\_\_\_ Dates of Clinical Teaching: \_\_\_\_/\_\_\_to\_\_\_/\_\_\_ Anticipated Date of Graduation: \_\_\_/\_\_/ Or Completion of Credential: / / Cooperating Teacher(s) School where clinical teaching was completed School Address City State Zip School Phone ( ) Grade Level of Lesson\_\_\_\_\_Topic of Lesson\_\_\_\_ Sponsor Relationship to Applicant\_\_\_\_\_ Address of Sponsor\_\_\_\_\_ 
 City\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_School Phone (\_\_\_\_)\_\_\_\_\_

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# PART 2: Applicant Background (PDF Form)

(To be completed by applicant)

Please submit the following description on one page in Word / Google Document. Please title the page with your first and last name including the prompt below.

Describe your interests, activities, professional organization affiliations, offices held, employment, and volunteer activities that have contributed to your development as a teacher. (Limit: 200 words)

# PART 3: Applicant Essays (PDF Form)

(To be completed by applicant)

Each essay may be on a single page in one Word / Google Document with a page break between each essay . Entitle each essay as marked including the prompt, and submit the essays in the order given.

#### A. Professional Strengths

Describe the strengths you bring to the teaching profession. (Limit: 200 words)

#### B. Issues Analysis

Identify a problem or issue facing education today, and explain how you will address this problem or issue in your teaching career. (Limit: 200 words)

#### C. Teaching Metaphor

Create a metaphor to describe teaching as a profession. (Limit: 50 words)

# PART 4: Sponsor's Recommendation (PDF Form)

(To be completed by applicant's sponsor or representative of the college or university)

Please submit the following description on a single page in a PDF format with letterhead. State your relationship to the applicant, recommendations, and conclude with your signature.

Describe two personal and/or professional qualities of this individual that make him or her an exceptional student teacher or intern. (Limit: 200 words)

## PART 5: Lesson Plan & Video General Information (PDF Form)

#### Lesson Plan and Video

A recorded lesson showing the clinical teacher/intern teaching <u>a complete lesson cycle in 30 minutes</u> with his or her classroom must be submitted and should include the following elements:

- 1. Written Lesson Plan (PDF): The detailed written lesson plan must be included that was used for the video submission. Please include a description of your class demographics (Total number of students; English language learners; Special Education accommodations; and Classroom/Seating arrangements/Grouping Pattern), and a written reflection of the lesson taught.
- 2. **Video Introduction**: This introduction should be taped outside of the classroom, not in front of the students. Simply introduce yourself (Name, University/College and Certification Area) and provide a brief description of your class (Grade level/Content area), including the number of students and the context of the lesson you will be teaching.
  - Note: TDFE committee reviewers expect professional attire. If you are not dressed appropriately, please mention the reason. (Maximum time: 3 minutes)
- 3. **Video Recorded Lesson**: The lesson must consist of a continuous, unedited lesson **(no breaks or pauses)** showing the clinical teacher/intern teaching in the classroom. **(Maximum time: 30 minutes)**
- 4. **Video Reflection:** The video should conclude with a reflective analysis where the clinical teacher/intern responds to the following questions:
  - (1) What did the students learn as a result of this lesson?
  - (2) What did you like most about the lesson?
  - (3) What did you learn from this lesson?
  - (4) What changes, if any, would you make if you were to reteach this lesson?
    - Note, please record the reflection outside of the classroom or when the students are not present. (Maximum time: 5 minutes)

**The quality of the submitted video is the responsibility of the applicant.** Reminder: Each applicant should retain an electronic copy of their video and application materials in case of loss or damage done during shipping.

### Criteria for Judging

Part 1	General Information	.5%
Part 2	Background Information	.5%
Part 3	.Essays (3) .A. Professional Strength BIssues Analysis (10%) CTeaching Metaphor (10%)	s (10%)
Part 4	Sponsor's Recommendation	.5%
Part 5	Video and Lesson Plan  ■ Introduction 5%	
	● Video Lesson 30%	.50%
	<ul><li>Reflection / Analysis 5%</li></ul>	
	Lesson Plan 10%	
Part 6	Transcript	.5%
TOTAL		100%

They will not be returned.