

Educator Preparation Provider/Local Education Agency State Recognized Partnership Agreement

Educator Preparation Provider (EPP)	Tennessee Wesleyan University
Local Education Agency (LEA)	Lenoir City Schools
Academic Year of Agreement	2026-2027

EPP Contact/Designee	
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LEA Contact/Designee	
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Certification (signatures verify partnership)	
EPP Head Administrator: Melanie Amburn	Title: Education Department Chair
Signature: <i>Melanie Amburn</i>	Date: 7-17-26

LEA Head Administrator: Dr. Millicent Smith	Title: Director of Schools
Signature: <i>Dr. Millicent Smith</i>	Date: 8-25-26



Education

Prompt
1

Describe the strategies and actions in place to co-select clinical educators and collaborate to prepare, evaluate, and support high-quality clinical educators, both provider and school-based, who demonstrate a positive impact on candidates' development and pre-k-12 students. *NOTE: Responses should not exceed one page per prompt.*

This agreement signifies the commitment of both the EPP and the partner LEA to collaborate for enhancement of the experience of clinical educators and their impact on the education preparation pipeline as well as the positive impact of the PreK-12 students in the LEA. The Clinical Experience Handbook will be discussed in the summer and fall meetings, and collaborative changes will be made inside the Handbook. The fully revised Clinical Experience Handbook will be available at the beginning of each academic year and then reviewed at the spring Partnership Data meeting for clarification purposes or to update to meet the current clinical experience requirements set by the Educator Preparation Policy. The Clinical Experience Handbook will be the shared resource that identifies the roles and responsibilities for clinical expectation and the provider and school-based clinical educators. The EPP and partner LEA will work together to identify qualified and effective school-based educators. For each preparation program type, the LEA and EPP will identify the indicators of effectiveness for the clinical educators during the summer and fall meetings. The LEA will provide to the EPP the school-based mentor's information, such as the mentor's name as it appears on the TDOE educator license, the TDOE educator license number and area(s) of certification, endorsement and licensure type. This is to ensure the mentor meets the requirements in the Educator Preparation Policy. If the clinical educator was involved with teacher candidates from the EPP during the previous school year, the information from the teacher candidate and clinical supervisor surveys will be shared and used to select, prepare, evaluate, support, and retain high-quality clinical educators. The EPP will request from the LEA recommendations of effective educators no longer employed by the LEA to serve as clinical educators. The LEA may invite the EPP to participate in the interview process for provider-based clinical educators. The EPP will assess clinical practice experience by soliciting feedback from program completers, school-based mentors, and provider-based clinical supervisors. Data will be summarized and shared with the LEA to address any areas for improvement in clinical experience. Clinical educators will receive actionable feedback on their performance through observation and assessment for purposes of improvement provided by the EPP and partner LEA. School and provider-based clinical educators will have the opportunity to participate in EPP and LEA training and professional development to increase their effectiveness as clinical educators. School-based clinical educators will sign an agreement that lists the expectations for any required training necessary to serve as a clinical educator. EPP representatives may offer professional development based on partner LEA need. With the goal of retaining high-quality educators, the LEA and EPP will work toward identifying ways to recognize the clinical educator for their work and training. The EPP will seek feedback from the clinical educator for the purpose of improving the experience and in turn, increase the support and retention of high-quality educators for our communities.



Education

Prompt 2

Describe the design and implementation of clinical experiences, utilizing various modalities, of sufficient depth, breadth, diversity, coherence, and duration to ensure candidates demonstrate their developing effectiveness and positive impact on pre-k-12 students (For instructional leader programs, ensure how clinical experiences allow opportunities for candidates to practice applications of content knowledge and skills.). *NOTE: Responses should not exceed one page per prompt.*

In addressing the need for a high-quality teacher candidate, EPP Clinical Experience Protocols, as mutually-agreed upon by the district and the university, demand that prior to entering the clinical practice, the teacher candidate will have submitted a criminal history records check conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation. The teacher candidate will have obtained a qualifying score on the ACT, SAT, or the reading, writing and math subtests of the CORE Praxis exams and will have a minimum GPA of 2.75. In provision of sufficient depth, breadth and coherence, the district agrees to place the teacher candidates will level 4 or 5 educators in the classroom unless as mutually agreed upon. Also as mutually agreed upon by the district and the EPP, in the provision of sufficient duration of the clinical experience, there will be two placements for each teacher candidate. The first placement is for eight weeks in length, and the second placement is for seven weeks, for a total of two placements over fifteen weeks in two settings. The placement will offer the teacher candidate the opportunity to work with all students, including those of diverse backgrounds and needs. The second placement will be in a grade level that ensure the breadth of the endorsement subject area and grade band area are experienced. Exposure to various modalities of instruction, such in-person learning using direct instruction and individualized technology, may be available in the clinical experience. For assessment of performance, the teacher candidate will undergo four evaluative observations per semester in both the undergraduate and graduate student teaching programs. The EPP teacher candidates will follow the LEA partner district and school schedule of holidays, professional development, etc. Teacher candidates will participate in all mentor teacher activities to include faculty meetings, bus duty, staff professional development, parent conferences, parent-teacher organization meetings, IEP meetings, etc. unless otherwise directed by the principal of the school. The clinical educator will work cooperatively and collaboratively with the EPP clinical supervisor to formatively evaluate and direct the activities of the teacher candidate in the interest of developing and evaluating instructional effectiveness and positive impact on the PreK-grade twelve students. The teacher candidate, with guidance from the clinical supervisor and educator, will plan, instruct and assess students in preparation for the four evaluative observations. In collaboration and mutual agreement with the partner LEA, the EPP has developed requirements for completion of student teaching clinical practice and has outlined the causes and procedures by which the clinical practice can be terminated. Collaboration with the director of student teaching as outlined in the Clinical Experience Handbook will ensure the termination process is completed with fidelity and integrity should an issue arise with a teacher candidate. In the Instructional MSSED program, candidates will participate in a semester long administrative internship, shadowing their Mentor Administrator, across administrative responsibilities involving academic, financial, personnel, disciplinary, and legal situations, including acting as a substitute administrator if possible. The candidate will also participate in administrative responsibilities supporting development of teacher instructional practices and HQIM implementation.