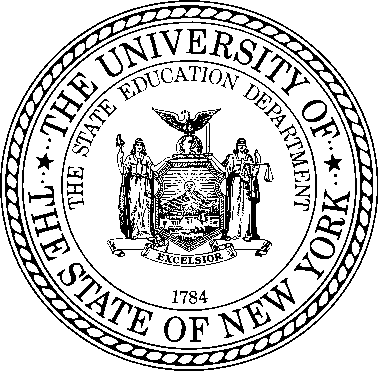
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**NEW YORK STATE EDUCATION DEPARTMENT**

Office of Higher Education

Office of College and University Evaluation

**Notification of Alternative Models of Field Experiences**

|  |  |  |
| --- | --- | --- |
| Institution Name (Legal Name): | | Institution Code: |
| Address *(Street, City, Zip Code):* | | |
| Dean/Director of Teacher Education Programs:  *(Last Name, First Name, Dr./Mr./Ms.)* | Title: | |
| Telephone Number: ( ) | E-mail Address: | |

**Description of Extenuating Circumstances**

Field experiences prior to student teaching can be completed through alternative models during the 2022-2023 academic year, if the program was not able to secure or provide placements for candidates due to extenuating circumstances beyond the program’s control. These extenuating circumstances may include, but are not limited to, programs not being able to obtain placements after exhaustive efforts. The flexibility **does not apply to student teaching or practica**.

Please complete the following table to describe the extenuating circumstances at your institution. Rows can be added as needed. The form can be completed any time during the academic year. This Word document must be saved, not scanned, as a PDF document.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Term**  **(e.g., Spring 2023)** | **Course with the Field Experience** | **Number of Field Experience Hours in the Course** | **Number of Hours Supplanted with Alternative Model(s)** | **Describe the Alternative Model(s) Employed** | **Reason for Employing Alternative Model(s)**  **(i.e., Extenuating Circumstance)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Certification of the Dean/Director of Teacher Education Programs**

|  |  |
| --- | --- |
| Signature: | Date: |
| Type or print the name of the Dean/Director of Teacher Education Programs | |
| **DO NOT WRITE IN THIS SPACE** | |
| Reviewed by Date | |

Please complete and return the notification form to: [OCUEedapps@nysed.gov](mailto:OCUEedapps@nysed.gov)