



# Field Experience Site Agreement Form



## Reading Endorsement

This endorsement program is for experienced teachers who are interested in increasing their literacy knowledge and skills and who would like to increase their capacity to teach reading and writing with a focus on equity. In this program, teachers will participate in a year long video mediated practicum in their own classroom to learn from their immediate language practices and improve their instruction. Applicants must have a current Washington State Teaching Certificate and be teaching at a school to be eligible for the Reading Endorsement Program.

Below are the general endorsement requirements:

This endorsement requires the use of the applicant’s classroom, and the applicant should be able to work with students on reading topics (including read, writing, literacy, vocabulary, etc.). This endorsement program runs your entire academic year.

This endorsement includes a Video Mediated Practicum that involves recording in the classroom. Captured videos will focus on the applicant’s instructional practices to allow faculty supervisors and the applicant to collaboratively identify patterns in their instruction and assess avenues for improvement. Videos will be assessed using GoReact which is FERPA and COPPA compliant. All videos are stored on GoReact’s secure servers; Evergreen and ESD 113 will not publicly publish any videos. For more information about GoReact’s privacy and security compliance visit: <https://get.goreact.com/compliance/>.

### Supervisor/Administrator Information:

Name \_\_\_\_\_ Title \_\_\_\_\_  
Last First

School \_\_\_\_\_

By signing below, I confirm that I have the authority to approve a Video Mediate Practicum and to ensure that all district policies will be followed throughout. Additionally, I confirm that the applicant will have the ability to meet the requirements above in their classroom with the support of the school, that our school has the ability to provide this opportunity to the applicant, and that the information provided above is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Applicant Information:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Email \_\_\_\_\_ Position \_\_\_\_\_

School District \_\_\_\_\_ Building \_\_\_\_\_

By signing below, I confirm that I am applying for a Reading Endorsement program and am requesting appropriate access in my school/district to complete the endorsement program requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For questions, please contact [certificates@evergreen.edu](mailto:certificates@evergreen.edu) or (360) 867-6789.