

**Grow Your Own Clinical Placement Policy
Full Time School District Employees**

Per Michigan Department of Education (MDE) guidelines, teacher candidates are required to have a diversity of placements across their various clinical experiences. Exceptions are made for teacher candidates who are full-time employees of a school district/school/early childhood center and whose program expenses (tuition, fees, etc.) are funded by the employer's Grow Your Own (GYO) state-awarded funds. The exceptions must follow MDE requirements related to GYO-funded teacher candidates. Please see <https://www.michigan.gov/mde/services/ed-serv/educator-recruitment/future-proudmieducator/individuals-working-in-pk12-schools>

Teacher candidates who are full-time employees and are supported by GYO funds are permitted to complete all their clinical placements in their school/district/center of their employment, as long as either of the following apply:

- The placement aligns with the grade band/content of the teacher candidate's intended area of certification.
- The teacher candidate has an identified cooperating teacher who is in the building and certified in the area (grade/content) in which the candidate is seeking certification.
- The teacher candidate applies for a clinical placement via the standard WSU process and gives notice that they are GYO-funded employees.
- The teacher candidate's employer's Human Resources office must complete the form below, immediately following this GYO Clinical Placement Policy. The teacher candidate submits the completed **Grow Your Own Placement Request Form** to the Director of the College of Education's Office of Educational Partnerships and Experiences. **This form must be submitted to the Director at least 3 months prior to the start of the clinical experience.**

Grow Your Own Placement Request Form

Teacher Candidate/Employee First and Last Name:

Teacher Candidate Wayne State University Email:

Teacher Candidate Certification Area

School District Name:

School District Address:

School Name:

School Address:

Grade and content area of clinical experience for this teacher candidate/employee?

Cooperating Teacher's First and Last Name:

Cooperating Teacher's Certifications and Endorsements:

Which of the following does the teacher candidate/employee have? **Note**, if the teacher candidate/employee does not have one of the following, then that individual is not permitted to use their place of employment for most of their clinical placements.

_____ Annual CTE Authorization Expiration Date _____

_____ Full-Year Basic Substitute Permit Expiration Date _____

_____ Interim Teaching Certification for Initial Certification Expiration Date _____