POLICY COVER SHEET

(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)

[3/09]

Addition ☑ Revision* ☑ Deletion* ☑ Emergency

Chapter & Title: 1640.86 Teacher Education Coordinating Committee

All policies must be reviewed, approved and returned by a policy sponsor, with a cover sheet attached to apm@uidaho.edu or fsh@uidaho.edu respectively.

*Note: If revision/deletion request original document from apm@uidaho.edu or fsh@uidaho.edu, all changes must be made using “track changes.”

Originator(s):
(Please see FSH 1460 C)

Name: Taylor Raney Date: 9/12/17

Telephone & Email: 5-1027 tcraney@uidaho.edu

Policy Sponsor: (If different than originator.)

Reviewed by General Counsel _ Yes _X No Name & Date: __________________________

Taylor Raney 9/12/17

I. Policy/Procedure Statement: Briefly explain the purpose/reason of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.

1. adding “programs leading to” under A-2: The University of Idaho does not certify teachers. Rather, we recommend certification to the state. This is a relatively innocuous change of verbiage.

2. meeting dates under A-4: This change in specificity will allow for flexibility in scheduling as the UCC deadlines change. The committee found no reason for that level of specificity.

3. Department of Leadership and Counseling: This group is not represented on the committee, though three L&C programs fall under the purview of the TECC (principal, superintendent, special education director)

4. Director of Teacher Education: The Director of Teacher Education is a relatively new position at the University of Idaho. This places the Director on the committee and designates him/her chair.

5. Dean: This removes the dean from the chair role.

Note that the “Summary of TECC Membership” which is included on this document is for reference only; not to be included in the policy.

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?

none

III. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to this proposed change.

none

IV. Effective Date: This policy shall be effective on July 1, or January 1, whichever arrives first after final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to: ___________________________________________

Track # ____________ __________________________

Date Rec.: __________________________

Posted: t-sheet ____________ h/c ____________ web ____________

Register: __________________________ (Office Use Only)

Policy Coordinator
Appr. & Date:

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FSH
Appr. ____________

FC ____________

GFM ____________

Pres./Prov. ____________

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APM
F&A Appr.: ____________

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