

Please read these instructions before you proceed!

This is a fillable PDF form. You will need either Adobe Acrobat or Adobe Reader to complete and save this form. This form can be filled out and saved for later editing, printing, or emailing.

If you're unsure what information goes in each field, hover your mouse over the field and a pop-up will tell you what information goes in the block.

1. Enter your college/university name in the top block of the form. This will auto-fill all other blocks in the form that require the college/university name for you.
2. On page four enter the primary and alternate POC names and email addresses for the college/university. Also, provide the name and email address of the POC at the college/university who will handle any inquiries or correspondence related to the Memorandum of Agreement.
3. On page five, please **do not** enter an expiration date. We will enter an expiration date not to exceed five years from the date the form is signed. Please sign and date in the spots identified for college/university representative signature.

A completed MOA sample is available on the website: <https://www.dodea.edu/Offices/HR/Student-Teaching.cfm>

Tips:

- USE ONLY ADOBE READER Please do not complete this form using other PDF readers than Adobe Reader.
- USE THE MOST RECENT VERSION OF ADOBE READER While we attempt to make forms backward compatible, for the best results, use the most recent version of Adobe Reader.
- DO NOT COMPLETE THIS FORM FROM WITHIN A BROWSER Do not complete this form within a web browser. If you are viewing this form from within a web browser, please go back to the original document link and save the PDF file to your computer. To do this with a PC, right-click on the document link and select either "Save Target As" or "Save Link As" and save. On a Mac, use Command-Click to save locally. If you try to complete this form from within a browser, some features such as saving your completed document may be unavailable. If after saving the file on your hard disk, you click to open the document and it still opens in a browser, you may have to open Adobe Reader as your first step, and then browse your hard disk to find the form file to open.

Still having trouble filling out this form? If you are still having trouble completing and saving this form, please contact the DoDEA Student Teacher Program coordinator at StudentTeaching@dodea.edu.

6060.4. Accordingly, student teachers must sign a volunteer agreement, DD Form 2793; they must complete the “Basic Criminal History and Statement of Admission,” DD Form 2981; and must undergo the following background checks:

- (1) Advanced FBI fingerprint report
- (2) Installation Records Check (IRC)

4.1.2. The Name of College/University agrees not to provide or offer any additional compensation to DoDEA employees for their assistance in this program.

4.1.3. The Name of College/University agrees to provide to DoDEA a written description of its requirements for the student teaching program, including its method of maintaining attendance and performance records for their enrolled student teachers. Any forms, such as student teacher attendance records or evaluation forms, which must be completed by DoDEA representatives, will be provided as part of this agreement. All required forms for DoDEA representative completion are required (prior to placement under this program). The Name of College/University request for student teaching assignments and a list of its nominees will be provided to DoDEA by the deadline of April 30th for Fall placements and by October 31st for Spring placements. All lists of nominees and requests for placement (including any application forms required by DoDEA shall be sent to the Department of Defense Education Activity, Human Resources, ATTN: Student Teaching Program Coordinator, 4800 Mark Center Drive, Alexandria, VA 22311.

4.1.4. Copies of this agreement shall be furnished by the Name of College/University to each of its registered student teachers and assigned supervisors. As a condition of participating in the program, each student teacher and supervisor shall sign a statement acknowledging that his or her services to DoDEA are provided purely gratuitously as an incident to furthering the student teacher's practical education, that no compensation or benefits may be provided by DoDEA for those services, and that services may be denied or discontinued without benefit of notice at any time when deemed necessary by DoDEA.

4.2. The Department of Defense Education Activity (DoDEA)

4.2.1. DoDEA agrees to permit students from Name of College/University to perform student teaching duties in schools designated by DoDEA. DoDEA will advise the Name of College/University of the number of student teachers it can accommodate and the locations at which student teachers may volunteer their service. DoDEA will select student teachers for the program from the list of nominees furnished by the Name of College/University.

4.2.2. DoDEA agrees to supervise student teachers during their practicum and to provide written and oral assessments, as required, to the designated official. DoDEA will provide student teachers with information about the location to which assigned and other pertinent information to

prospective student teacher is required to undergo Advanced FBI Fingerprint Report and an Installation Records Check.

6. GENERAL PROVISIONS: Neither Party to this agreement has furnished or shall furnish monetary consideration to the other under this agreement in accordance with DoDEA Regulation 5308.1. This is the sole agreement between the Parties, and no other written or oral representations shall be honored. Either Party may cancel this agreement at any time and for any reason.

6.1. POINTS OF CONTACT: The following points of contact will be used by the Parties to communicate the implementation of this MOA. Each Party may change its point of contact upon reasonable notice to the other Party.

6.1.1 For the Name of College/University

6.1.1.1 Primary: Name and email address of primary POC at college/university

6.1.1.2. Alternate: Name and email address of alternate POC at college/university

6.1.2. For the Department of Defense Education Activity

6.1.2.1. Primary: Walter Cranfield (Walter.Cranfield@dodea.edu)

6.1.2.2. Alternate: Robert Scruggs (Robert.Scruggs@dodea.edu)

6.2. CORRESPONDENCE: All correspondence and notices to be given pursuant to this MOA will be addressed to Name of College/University Name, email address and for DoDEA, Walter Cranfield, Student.Teaching@dodea.edu.

6.3. FUNDS AND MANPOWER: This MOA does not document nor provide for the exchange of funds or manpower between the Parties nor does it make any commitment of funds or resources.

6.4. MODIFICATION OF MOA: This MOA may only be modified by the written agreement of the Parties, duly signed by their authorized representatives. This MOA will be reviewed annually on or around the anniversary of its effective date, and triennially in its entirety.

6.5. DISPUTES: Any disputes relating to this MOA will, subject to any applicable law, Executive order, directive, or instruction, be resolved by consultation between the Parties or in accordance with 5 U.S.C. § 3111.

6.6. TERMINATION OF AGREEMENT: This MOA may be terminated in writing at will by either Party.

6.7. TRANSFERABILITY: This MOA is not transferable.

6.8. ENTIRE AGREEMENT: It is expressly understood and agreed that this MOA embodies the entire agreement between the Parties regarding the MOA's subject matter.

6.9. EFFECTIVE DATE: This MOA takes effect beginning on the day after the last Party signs.

6.10. EXPIRATION DATE: This MOA expires on 02/02/26.

6.11. CANCELLATION OF PREVIOUS MOA: This MOA cancels and supersedes any prior agreement by the Parties.

APPROVED:

FOR THE DEPARTMENT OF DEFENSE EDUCATION ACTIVITY –

College/University Rep Signature
Name of College/University Representative

02/02/21
Date

Director DoDEA

Date