

*University of Pennsylvania
School of Nursing*

TEACHING RESIDENCY PROPOSAL

Name: _____ Date: _____

Advisor/Chairperson: _____

Advisor/Chairperson Signature: _____

Faculty Preceptor Signature (if different): _____

Semester in which Teaching Residency is to be completed: _____

Directions: Please describe your prior teaching experience, if any. Be specific – include experience in course planning, course evaluation, difficult student situations, test construction, paper assignment construction and grading, content delivery methods, and other experience. Identify areas of strength as well as deficits. With your advisor and preceptor, design objectives and corresponding activities to gain or increase your teaching expertise. (*Note: the residency must encompass more activities than the basic teaching assistantship.*)

Prior Teaching Experience:

Teaching Residency Objectives:

Activities to Meet Each Objective:

Graduate Group Chair Signature: _____ Date: _____