



**Early and Middle Childhood Education
Department of Childhood Education and Literacy
College of Social Sciences, Health, and Education**

COOPERATING TEACHER AGREEMENT

I do hereby agree to act as a cooperating teacher in grade/s _____
(also note subject areas if middle childhood)

to assist _____ during the _____ semester.
(student name) (fall, spring)

of the 20____ school year.

I agree to:

1. be available to supervise and guide the student.
2. have conferences with the student teacher as often as necessary relative to proficiency in the classroom.
3. meet with the student teacher and University personnel if requested, after each visit of the supervising teacher.
4. complete a midterm appraisal (return to supervisor) and participate in a scheduled three way conference.
5. complete four observation forms (submit to supervisor).
6. submit a final reference letter to the supervisor for placement in the student’s credential file.
7. contact Xavier University student teaching supervisor, field experience coordinator, or program faculty member if you have any questions or concerns.

**We are here to help whenever it is needed. Please do not hesitate to contact us.
The program office phone # is 513-745-3701.**

Signature: _____ Date: _____

Print Name: _____

*Social Security #: _____

*Home Street Address: _____

*City, State, Zip Code: _____

E-mail Address: _____

Degree: _____ Bachelor _____ Master _____ PhD/EdD

Certification: _____ Years of Experience: _____

Pathwise Mentor Training: _____ Yes _____ No

School: _____

School Phone: _____ Principal: _____

*This optional information is used by the Commonwealth of Kentucky to pay teachers for their services to student teachers. Kentucky teachers certify that they have Kentucky Rank II status and at least four years of teaching experience.

Please keep one copy for your files and submit one completed copy to Xavier University, Department of Childhood Education and Literacy at 3800 Victory Parkway, Cincinnati, OH 45207-6521.