

**DEPARTMENT OF EDUCATION
COOPERATING TEACHER AGREEMENT**



I agree to act as cooperating teacher in _____
(subject area)

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

of the 20_____ school year from _____ A.M. to _____ P.M. daily, beginning
_____ and ending _____
(month/day/year) (month/day/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. after a period of orientation, permit the student teacher to teach the equivalent of at least 5 periods each day;**
- 4. meet with the student teacher and University personnel if possible, after each visit of the University Supervisor;**
- 5. submit a mid-semester evaluation near the mid point of this placement;**
- 6. submit a final evaluation one week before the conclusion of this placement.**

<i>Cooperating Teacher's Personal Information</i>	
<i>Please provide your email address in the blocks below.</i>	

Street Number	Street Name

City	State
_____ () _____	
Zip Code	Home Telephone

Name: _____

Degree: ___ Bachelors ___ Masters ___ Ph.D.

State Licensure field(s) _____

Years of teaching experience _____

School Name _____

School District _____

School Telephone _____

School Principal _____
prefix (Mr., Ms., Mrs., Miss, Fr., Bro., Sr., Dr.)

Today's Date _____