

Primary and Middle Childhood Education College of Professional Sciences

COOPERATING TEACHER AGREEMENT

I do hereb	by agree to act as a cooperating teacher in		
		(also note subject areas if mi	
to assist	duri	ng the	_semester.
6.1 20	(student name)	(fall, spring)	
	school year.		
I agree to:			
	be available to supervise and guide the student. have conferences with the student teacher as often as necessary relative to proficiency in th classroom.		
3.	meet with the student teacher and University personnel if requested, after each visit of the supervising teacher.		
4.	complete midterm and final CPAST conference and participate in scheduled three-way conference.		
	complete four observation forms (submit to supervisor).		
	submit a final reference letter to the supervisor for placement in the student's credential file 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 need		act us.
	• 0 •	none # is 513-745-3795.	
Signature:	:	Date:	
Print Nam	ne:		
*(see note	e below) Social Security #:		
*Home St	reet Address:		
*City, Sta	te, Zip Code:		
E-mail Ac	ldress:		
Degree:	BachelorMaste	rPhD/EdD	
Certificati	on:	Years of Experience:	
School: _			
School Phone:F		_Principal:	
*This option	nal information is used by the Commonwealth of l	Kentucky to pay teachers for their services	to student teachers

*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. Beginning Fall Semester 2012 Kentucky will no longer offer these vouchers for out of state students.

Please keep one copy for your files and submit one completed copy to Xavier University, Primary and Middle Childhood Education at 3743 Saint Francis Xavier Way, Cincinnati, OH 45207.