

**VALPARAISO UNIVERSITY
COOPERATING TEACHER INFORMATION
FORM B**

The University is required to keep current information on the education and experience of cooperating teachers. **Please complete the information and return it to the student teaching office as soon as possible. This form is necessary for you to receive your stipend.**

I. General Information

Date _____

Cooperating Teacher _____
(First) (M.I.) (Last)

Home Address _____
(Street) (City) (State) (Zip)

School _____ City _____

School Address _____

Social Security Number _____

Have you previously supervised student teachers? _____

Have you supervised student teachers from Valparaiso University? _____ If so, when was your last supervision experience? _____

II. Experience in Teaching:

At present school _____ Years in Grade(s) _____ Subject _____

Other schools _____ Years in Grade(s) _____ Subject _____

Other teaching _____ Years (e.g. army teaching, private school)

III. Education of the Cooperating Teacher

<u>Degree</u>	<u>Name & Location of Institution</u>	<u>Semester Hrs. Graduate Credit</u>
_____	_____	_____
_____	_____	_____

Cooperating teachers are selected by the Coordinator of Professional Development and Placement and the administration of the cooperating school corporation. Approval of cooperating teachers is based on

- * valid certification
- * at least three years of teaching experience in their field of specialization
- * demonstration of professional best practice.