

Cooperating Teacher and Classroom Information Form

TROY UNIVERSITY
COLLEGE OF EDUCATION



INTERN NAME: _____

Check the appropriate semester:

Fall Placement One _____ Fall Placement Two _____ Spring Placement One _____ Spring Placement Two _____

Campus: _____ Troy _____ Dothan _____ Phenix City _____

Agreement to Serve as a Cooperating Teacher (Please print)

Name of Cooperating Teacher				Name of Principal				
Please check all appropriate categories:								
Male _____		Caucasian _____		Asian _____		Other _____		
Female _____		African American _____		American Indian _____				
		Hispanic _____		Alaskan Native _____				
<small>(The above information will not be used in a discriminatory manner.)</small>								
School:			Complete School Address:					
In order to comply with NCATE and ensure diversity of experience for our candidates, please complete the following:								
Total number of students in the classroom _____				Male _____ Female _____				
Please provide the number of students by ethnicity:								
Male	Caucasian	African American	Hispanic	Asian	American Indian	Alaskan Native	Other	Total
Female	Caucasian	African American	Hispanic	Asian	American Indian	Alaskan Native	Other	Total
Total Number of Classroom Students Identified as Disabled and served with an Individual Education Plan (IEP). _____								

I have read and understand the professional internship handbook and agree to serve as a cooperating teacher of the above candidate. My signature on this paper represents my willingness to fulfill the responsibilities outlined in this handbook as well as additional reasonable responsibilities as may be deemed necessary to successfully supervise interns assigned to me by the Superintendent of my school district.

Signature of Principal

Signature of Cooperating Teacher

Date

Date



INTERN NAME: _____

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COOPERATING TEACHER ACADEMIC AND PROFESSIONAL BACKGROUND

Name of Cooperating Teacher _____

Grade currently taught _____ School _____

School System _____ City _____ ST _____

(Please note that for NCATE purposes all information is needed. Please record accurately.)

1. ACADEMIC DEGREES (List in order from the most current to the least current.)

College	Year Graduated	Degree/Major

2. Professional Experience (List in order from the most current to the least current.)

Year	Place	Grade/Subject	Total Years

3. Certification information (List in order from the most current to the least current.)

Year Issued	State	Type (subject)	Rank

I certify that the above information is accurate.

_____ (Signature of Cooperating Teacher)

_____ (Signature of Principal)

_____ Date