

**REQUIRED INFORMATION and VERIFICATION
COOPERATING TEACHER**

Semester: Fall 20____ Spring 20 ____

Due to audit requirements this form must be completed and received in the Office of Field Experiences* before your honorarium can be processed. All requested information must be completed. Due date for this information is no later than one week following the beginning of the semester.

TITLE: Dr. Mr. Mrs. Ms. (circle one)

Gender:

- Male
 Female

RACE: (Check the appropriate box)

- American Indian/Alaskan Native
 Asian/Pacific Islanders
 Black/Non Hispanic
 Hispanic
 Other
 White/Non Hispanic

Name _____

SS#(last 4 digits) _____

Email _____

School _____

Education: _____

University

Degree

University

Degree

Certification Area(s) (*check all that apply*)

- Early Childhood
 PK-4
 PK-3
 Elementary
 1-8
 2-6
 Middle School
 5-8
 Secondary
 7-12
 9-12
 Special Education
 1-12

Area of Concentration: _____

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It is required that all cooperating teachers have successfully taught full-time for at least three years, two of which must be at the grade level or subject area for which supervision is assigned.

National Board Certification? Yes _____ No _____

Years taught at current grade level: _____

ADEPT/SAFE-T Trained? Yes _____ No _____ If yes, by whom _____ Date _____

First time Cooperating Teacher for USCA? Yes _____ No _____

Do you team teach? Yes _____ No _____ If yes, please list name(s) of other teacher(s).

*Form may be mailed to USCA School of Education, 471 University Parkway, Aiken, SC 29801 or FAX to (803) 641-3698.