University of Wisconsin - La Crosse
UW-L School of Education

COOPERATING TEACHER REQUEST FOR A STUDENT TEACHER

For Academic Year: **2010-2011** ☐ New Cooperating Teacher ☐ Renewal

Teacher: Please complete this form and give it to your principal by February 22, 2010. Principal: Please send the completed forms to: Director of Field Experience, UW-La Crosse, 145 Graff Main Hall, 1725 State Street, La Crosse WI 54601. Forms may also be faxed to (608)785-8926.

Name: _____
Last Name First Name Previous Name

Home Address: _____
(Needed) Street Address or PO Box Apt. City State Zip

School: _____
School Name Address City State Zip

Home Phone: _____ School Phone: _____

Email: _____

License(s) You Hold, and State(s): _____

School & District of Your Employment: _____

Grade Levels & Subjects You Teach:

Semester I:
Subject: _____ Grade Level: _____ Ages: _____
Subject: _____ Grade Level: _____ Ages: _____
Subject: _____ Grade Level: _____ Ages: _____
Subject: _____ Grade Level: _____ Ages: _____

Semester II:
Subject: _____ Grade Level: _____ Ages: _____
Subject: _____ Grade Level: _____ Ages: _____
Subject: _____ Grade Level: _____ Ages: _____
Subject: _____ Grade Level: _____ Ages: _____

Years at Your Current School: _____ Total Years You Have Taught: _____

Have you previously mentored student teachers? ☐ Yes ☐ No

Are you currently employed with the University of Wisconsin System? ☐ Yes ☐ No

Have you completed a Supervision of Student Teachers course? ☐ Yes ☐ No
If yes, where and when did you take it? _____
_____

During which quarters would you prefer to have a student teacher? Check all that apply.

☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

How many student teachers are you willing and able to work with during the school year? _____

Teacher Signature: _____ Date: _____

Principal Signature: _____ Date: _____