Cooperating Teacher Agreement

FALL 2020

*Please complete this form, sign, and have your principal/administrator approve your agreement with his or her signature. email form to: mayra.pena@tamiu.edu.*

**School**: **Name**:

 Last First

**Grade Level:** **Bilingual Classroom?** yes \_\_\_\_no **ESL Classroom?** \_\_\_\_yes \_\_\_\_no

|  |  |  |  |
| --- | --- | --- | --- |
| **Elementary Areas** (choose one): | **Seondary Areas** | **Special Education:** |  |
| \_\_\_\_ All content areas | **\_\_\_ ELA** | \_\_\_\_ Life Skills | \_\_\_­\_ Full-time Inclusion |
| \_\_\_\_ Art | \_\_\_ Science | \_\_\_\_ Early Childhood | \_\_\_\_ Part-time Inclusion |
| \_\_\_\_ Music | \_\_\_ Math | \_\_\_\_ SBS/ED | Subject(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ Physical Education | \_\_\_ History | \_\_\_\_ Autism Unit | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_ Music | \_\_\_\_ Resource Room | \_\_\_\_ Bilingual |
|  | \_\_\_ Physical Ed |  \_\_\_\_\_\_\_Grade Levels |  |

Work E-mail**:**

*Cooperating Teacher Characteristics:*

* *3 years of teaching experience*
* *accomplished educator as shown by student learning*
* *currently certified in the certification category for the clinical teaching assignment for whch the clinical teacher candidate is seeking certification*
* *guides, assists and supports the candidate during the candidate clinical teaching in areas such as planning, classroom management, instruction, assessment, working with parents, obtaining materials, disctirct policies and*
* *who reports the candidate’s prograss to that candidate’s field spuervior.*

*I have reviewed the Cooperating Teacher Characteristics as described on this form and accept the responsibilities of a cooperating teacher.*

*I will not disclose student FERPA information*

Teacher Signature Date

EMAIL TO: Dr. Mayra L. Peña

at

mayra.pena@tamiu.edu