Cooperating Teacher Verification

FALL 2020

*Please complete this form, sign, and email form to: mayra.pena@tamiu.edu.*

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

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 verify that the cooperating teachers listed meet the requirements.*

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| Teacher’s Name | Teacher E-mail | Grade Level/Subject |
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*I approve of this/these teacher(s) hosting a Clinical Teacher Candidate during the Fall 2020 semester.*

Principal Signature Date

EMAIL TO: Dr. Mayra L. Peña

at

mayra.pena@tamiu.edu