



APPLICATION TO BE A COOPERATING TEACHER

Name _____ School _____ Date _____

Teaching Assignment (grade, subject) _____

Major(s) _____ Minor(s) _____

	YES	NO
M.A. Degree?		
Tenure in Livonia?		
Had university course in supervising student teacher?		

1. Have you previously had a student teacher ___Yes___ No Year _____ Term _____
2. Please select the term you would like to have a student teacher: Fall___ Winter___ No preference___
3. Please note anything special about your assignment or teaching situation:

4. Have you identified an associate teacher(s) you would like to mentor? If yes, please list:

Student Name <i>(Last, First)</i>	Term	College/University

5. Would you also like to have a pre-student teaching observation contact? ___Yes___ No

Teacher's Signature

Principal's Signature

Date