

COOPERATING TEACHER LICENSE VERIFICATION

Dear Cooperating Teacher:

Please supply the following information for the teacher candidate placement listed below.

Cooperating Teacher: \_\_\_\_\_ Grade level/subject: \_\_\_\_\_

Home Address: \_\_\_\_\_ Room Number: \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ listed: \_\_\_\_\_ unlisted: \_\_\_\_\_ unpublished: \_\_\_\_\_

Cooperating School: \_\_\_\_\_ District: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

Principal: \_\_\_\_\_ Principal e-mail: \_\_\_\_\_

Teacher Candidate: \_\_\_\_\_ School Term: \_\_\_\_\_

Address (during teacher candidacy): \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Please check the ones that apply:

1. \_\_\_\_\_ Wisconsin Teaching Certification: (grade level(s) and subject(s)) \_\_\_\_\_

2. \_\_\_\_\_ At least 3 years teaching experience (yr) \_\_\_\_\_ to (yr) \_\_\_\_\_ (yrs of experience)

3. \_\_\_\_\_ At least 1 year in the current school system \_\_\_\_\_ (year began in current district)

4. \_\_\_\_\_ Have taken supervision course [P134.15(6)] Institution/Sem/Yr. \_\_\_\_\_

**or**

\_\_\_\_\_ Currently enrolled in a supervisor course or seminar to be completed prior to the teacher candidate beginning the experience. Institution: \_\_\_\_\_ Date: \_\_\_\_\_

5. \_\_\_\_\_ Approved by principal and/or district administrator to serve in this capacity.

The above information concerning the cooperating teacher requirements is accurate to the best of my knowledge.

\_\_\_\_\_  
(signature of cooperating teacher)

\_\_\_\_\_  
(date)

Please attach a copy of the schedule of the school day and a school calendar and mail in the enclosed envelope. Thank you.