

ALICE LLOYD COLLEGE
Cooperating Teacher Information Form

Name _____ Date _____
Home Address _____ Home Phone _____
Social Security Number _____ E-mail _____
School _____ County _____
Grade level/subject _____

In order to comply with Kentucky State Board of Education guidelines, please provide the following information for our files.

1.

<u>Kind of Certificate</u>	<u>Certificate Number</u>	<u>Expiration Date</u>	<u>Subject/Area of certification</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Master's Degree of Fifth Year Program:

College Attended _____

Area of Study _____

Year Work Completed _____

3. Total number of years teaching experience: _____
(Must have a minimum of 4 years to supervise student teachers)

4. Number of years taught at current school: _____

5. Have you ever received KTIP training? _____ yes _____ no

Date

Signature of Cooperating Teacher

**Mandatory for the Education Professional Standards Board*

Teacher Candidates Name: _____

Teacher Candidates SSN: _____