



COOPERATING TEACHER HONORARIUM REQUEST FORM - INSTRUCTIONS

Print out this form and write in your answers.

If you have any questions please contact the Rob Grey at the Office of Clinical Studies, 200 Academy Street, De, 19716-2950, 831-3562, rgrey@udel.edu

Forms which are received late may prevent reimbursement.

Name _____ SSN or University ID _____
 School District _____ School _____
 Home Address: Street _____ State _____ City _____ Zip _____
 State _____ City _____ Zip _____
 Email Address _____
 Student Teacher _____ Certification Area _____
 PLEASE CHECK ONE: Fall Semester Spring Semester Other
 Have you ever worked for the University in another capacity? Yes No
 If so, please indicate which department? _____
 "S" contract Miscellaneous wages Other (please indicate)
 Signature _____ Date _____

COOPERATING TEACHER DATA SHEET - INSTRUCTIONS

Please help us to collect data needed for our national accreditation by completing this section. Please know that this information will be presented in aggregated form only. No data will be used in any way to identify individuals. Your help with this task is most appreciated.

CHECK ONE: School-Based Personnel University-Based Personnel
 Gender M F
 Ethnicity: American Indian/Alaskan Aleut Asian Black/ African American Hispanic of any race
 Native Hawaiian/Other Pacific Islanders Multi-Racial White Other
 Current Subject(s) Taught: _____ Current Level(s): _____
 Area(s) of Certification: _____
 Degree(s) Held: Bachelors Bachelors Plus Masters Masters Plus Doctoral
 # Years of Experience: 2-5 6-10 11-20 Other _____
 Associated UD Program :
 Elementary Middle School Early Childhood
 Secondary (English, Foreign Language, Math, Social Studies) HPE Music TESL Other
 Other
 I attended Pathwise Training within the past three years YES NO
 Please check all that apply (past or present):
 Teacher of the Year: Building: District: State:
 National Board Certification: