

DEAR COOPERATING TEACHER:

BEFORE AN HONORARIUM CHECK CAN BE ISSUED,  
WE WILL NEED ALL OF THE FOLLOWING INFORMATION:



NAME \_\_\_\_\_  
(please print - complete name)

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*(preferred mailing address – this is where your check will be mailed)*

\_\_\_\_\_ City State Zip

E-MAIL ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ QUARTER \_\_\_\_\_

PLEASE CHECK ALL OF THE FOLLOWING AREAS IF THEY PERTAIN TO YOU:

\_\_\_\_\_ Holds a Wisconsin teaching license

\_\_\_\_\_ Volunteered for an assignment as a cooperating teacher

\_\_\_\_\_ Have at least 3 years of teaching experience

\_\_\_\_\_ Have at least one year of teaching experience in the school system  
of current employment

\_\_\_\_\_ Have completed training in the supervision of clinical students

\_\_\_\_\_ I would be interested in enrolling in the SNC Supervision Seminar in  
the fall. Please send me more information.

**PLEASE SEND THIS INFORMATION AS SOON AS POSSIBLE OR BEFORE THE  
END OF THE QUARTER TO:**

ST. NORBERT COLLEGE  
TEACHER EDUCATION/PLACEMENT OFFICE - BOYLE HALL 225  
100 GRANT STREET  
DE PERE, WI 54115-2099

THANK YOU!