



St. Norbert College
Student Teaching Field Placement
_____ and _____ Quarter, 200__
Prospective Cooperating Teacher
Information Form

The following teachers are referred by: _____,
(Name of school principal/ administrator) School _____
E-mail address: _____

Teacher's Name: (Mr./Ms./Mrs.) _____

E-mail Address: _____ Telephone: () _____

Subject: _____ Grade Level: _____

Classroom Number / Building _____

Total Number of Students _____

a. Break down of students: Male: _____ / Female _____; IEP: _____

b. Percentage of minority students (approx.) _____

Years of Teaching: _____

Have you had a SNC student teacher in your classroom before? (**yes** - _____ / **no**)
Semester, Year

Have you taken a seminar /course to prepare yourself as a cooperating teacher? (**yes** / **no**)

If **no**, would you like to enroll in a seminar at SNC in the near future? (**yes** / **no**)

Your comments/suggestions: _____

Thank you for helping our future educators. We look forward to working with you!