

COOPERATING TEACHER AGREEMENT

LAST NAME:	FIRST NAME:
CAMPUS:	AISD EMAIL:
GRADE LEVEL:	CHECK ONE: <input type="checkbox"/> Bilingual/Dual Language <input type="checkbox"/> ESL

Subjects you are teaching in the spring:

- ☐ All subjects
☐ Departmentalized
 (subjects: _____)
☐ Music ☐ Art ☐ P.E.
☐ Special Education (please respond below)

Special Education Teachers ONLY:

- ☐ Life Skills ☐ SCORES
☐ PPCD ☐ SBS/ED
☐ Inclusion ☐ Resource

Please check all that apply:

- ☐ I have hosted a student teacher before.

☐ I am an AISD mentor.

☐ I am a National Board Certified Teacher.

☐ I am a TIP Facilitator.

☐ I have completed an AISD Leadership Pathway.

By signing this form, I accept the responsibilities of a cooperating teacher per the attached characteristics and expectations. I also affirm that I have three years' experience in my field of study and current courses taught and am currently scored as effective or above on my teacher appraisal.

Preferred Level of Student: (please check one)

- ☐ Student Teacher Only
☐ Open to Interns and Observers

Optional:

Preferred Program or University:

Other notable experience you'd like to share:

By signing this form I approve of this teacher as a cooperating teacher and affirm that this teacher has three years' experience in his/her field of study and current courses taught and is currently scored as effective or above on his/her teacher appraisal.

Teacher's Signature

Date

Principal's Signature

Date

SUBMIT TO: michelle.hernandez@austinisd.org

DEADLINE: FRIDAY, OCTOBER 25, 2019



AUSTIN
Independent School District

Professional
Learning