

COOPERATING TEACHER AGREEMENT

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

Subjects you are teaching in the fall:

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> All | <input type="checkbox"/> Art |
| <input type="checkbox"/> Math | <input type="checkbox"/> Music |
| <input type="checkbox"/> Reading | <input type="checkbox"/> P.E. |
| <input type="checkbox"/> Other _____ | |

Preferred Level of Student: (please check one)

- ☐ Student Teacher
☐ Intern
☐ Observer
☐ Any

Special Education Teachers:

(please check all that apply)

- | | |
|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Autism Unit |
| <input type="checkbox"/> PPCD | <input type="checkbox"/> SBS/ED |
| <input type="checkbox"/> Full-Time Inclusion | <input type="checkbox"/> Resource |
| <input type="checkbox"/> Part-Time Inclusion | |

Optional:

Preferred program/university:

Please check all that apply:

- ☐ I have hosted a student teacher before.
☐ I am an AISD mentor.
☐ I am a National Board Certified Teacher.

Other notable experience you'd like to share:

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.

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, APRIL 19, 2019