CTX Clinical Teaching Information – Clinical Teacher and Cooperating Teacher

Clinical Teacher (Student Teacher): _____

Clinical Teacher Phone Number: _____

School Name: _____

School Address: _____

School Principal/Administrator: _____

Classroom Grade/Subject: _____

My university supervisor contacted me during or before the first two weeks of clinical (student) teaching placement.
Date of contact: _____

Method of contact (please circle only one): email phone in person

Clinical Teacher Signature: _____

Cooperating Teacher: _____

Cooperating Teacher Email: _____

Cooperating Teacher Phone Number: _____

Date of **cooperating teacher training** meeting with university supervisor: _____
_____ (check) I received and watched the CTX coaching/mentoring video
_____ (check) I understand that CTX does not pay cooperating teachers a stipend but that cooperating teachers do receive a $25 gift card for each 7-week placement they mentor a candidate.

Cooperating Teacher Signature: _____

University Supervisor: _____

University Supervisor Signature: _____