

# Cooperating Teacher Agreement Form



Teacher Education Services  
Station 6352  
Montevallo, AL 35115  
Telephone: 205.665.6352

Year: _____ Term: ____ Fall ____ Spring
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I agree to serve as Cooperating Teacher in the supervision of a student intern(s). During this period, I will work with the student intern(s) in all areas of classroom instruction, allowing the student intern(s) to teach my classes under my guidance and eventually take full responsibility for teaching my classes. Further, I agree to comply with the policies and practices outlined in the *University of Montevallo Internship Handbook* which may be found online at [www.montevallo.edu/tes](http://www.montevallo.edu/tes). I understand that, for my cooperation, I will receive one of the following options listed below.

\_\_\_\_\_  
**Signature of Cooperating Teacher**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of Director, Teacher Education Services

\_\_\_\_\_  
Signature of Dean, College of Education

Cooperating Teacher Name (Ms., Mrs., Mr., Dr.): \_\_\_\_\_

School: \_\_\_\_\_ T-Cert # \_\_\_\_\_

Your personal address: \_\_\_\_\_

(Street/P. O. Box) (City) (State) (Zip)  
Social Security Number: \_\_\_\_\_ (This is needed by our Business Office in order to process the check and is kept confidential.)

Phone: \_\_\_\_\_ Yrs. of Experience: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Highest Degree: \_\_\_\_\_ Year Degree Earned: \_\_\_\_\_ College/University: \_\_\_\_\_

Level of Certificate: \_\_\_\_\_ Grade Level(s) of Certificate: \_\_\_\_\_ Subject Area: \_\_\_\_\_  
A (Master's), AA (Ed.S.) P-3 K-6 4-8 6-12 P-12

Grade level you presently teach: \_\_\_\_\_ Subjects you currently teach: \_\_\_\_\_

**Secondary/Elementary (16 week placements)**

**Elementary-Collaborative/Collaborative/Music/Art/EDHH (8 week placements)**

Intern Name: \_\_\_\_\_

Intern Name: \_\_\_\_\_

Grade(s): \_\_\_\_\_

Grade(s): \_\_\_\_\_

Subject(s): \_\_\_\_\_

Subject(s): \_\_\_\_\_

Please indicate below your option:

\_\_\_\_\_ **Stipend of \$25 for an 8-week placement, or \$50 for a 16-week placement:** The stipend will be paid to you and a check will be sent directly to the address provided above. You must include your Social Security number for payroll purposes. **PLEASE CIRCLE 8-WEEK PLACEMENT OR 16-WEEK PLACEMENT.**

\_\_\_\_\_ **Tuition voucher for myself:** Vouchers will be processed during the last week of the semester. If you are not a current UM student, please contact [grad@montevallo.edu](mailto:grad@montevallo.edu) for more information regarding graduate admission. Vouchers earned in the Fall semester must be used the following Spring semester. Vouchers earned in the Spring semester may be used for the following Summer or Fall semesters. The voucher is good for one course. You will be responsible for applicable fees and books.

\_\_\_\_\_ **TES Scholarship Fund:** You may donate your voucher to the TES Scholarship Fund. This scholarship is designed to support interns seeking initial certification at the Class A level or graduate students working toward an advanced degree.

**Please return this form by September 1 for Fall CTs or February 1 for Spring CTs.**