

### Cooperating Teacher/Mentor Agreement Form

I agree to serve as a cooperating teacher or mentor, supervising a student intern completing an education program at the University of Montevallo. During this period, I will support the student during the internship period and agree to comply with the policies and practices outlined in the *University of Montevallo Internship Handbook* which may be found online at <https://www.montevallo.edu/academics/colleges/education-and-human-development/teacher-education-services/>

I understand that, for my cooperation, I will receive either a monetary stipend or a course voucher good for the semester after internship is complete. If residency occurs in the Fall semester, the voucher must be used in the following Spring semester. If residency occurs in the Spring semester, the voucher may be used in one of the following Summer terms or in the following Fall semester. Vouchers are not valid for the EdD program. I am responsible for fees and books.

**To be completed by the Cooperating Teacher (CT)/Mentor:**

Year: \_\_\_\_\_ Term: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Placement: 8 wks \_\_\_\_\_ 16 wks \_\_\_\_\_

CT/Mentor Name: \_\_\_\_\_

TCert#: \_\_\_\_\_ (can be found at <https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx>)

Personal address: \_\_\_\_\_

Social Security number: \_\_\_\_\_ (required by Business/Financial Aid Office)

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Highest degree earned: \_\_\_\_\_ Institution granting the degree: \_\_\_\_\_

Highest level of certification: Class B \_\_\_\_\_ Class A \_\_\_\_\_ Class AA \_\_\_\_\_

Grade level: P-3 \_\_\_\_\_ K-6 \_\_\_\_\_ 6-12 \_\_\_\_\_ P-12 \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Present school: \_\_\_\_\_

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

Grade level(s) taught: \_\_\_\_\_

**Select your choice:**

\_\_\_\_\_ **Stipend** of \$50 for 8 weeks placement or \$100 for 16 weeks placement: The check will be sent to the address provided above.

\_\_\_\_\_ **Course voucher:** 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. You will be responsible for applicable fees and books.

\_\_\_\_\_  
Signature of Mentor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director, TES

\_\_\_\_\_  
Signature of Dean, CEHD

\_\_\_\_\_  
Signature of VPBA-CFO