**Cooperating Teacher Verification of Licensure**

Name: Date:

School District/School: Grade/Content Taught:

**Cooperating Teacher Training**

University Supervisor for Candidate:

Have you attended a Clinical Teachers Academy provided by the Salem-Keizer School District? If so, when?

**Earned Degrees:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **Institution** | **Date** | **Major/Minor** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Valid Teaching/Administrative License**

Issuing State: Type:

Years: Endorsements:

**Teaching Experience (Mentor Teachers Only)**

Number of years in Current Position:

Number of Years in this District:

Number of Years in Oregon:

Number of Years Out-of-State:

**Previous Experiences as Cooperating Teacher**

Number of full-time teacher candidates you have hosted in your classroom in the last 5 years:

How many of those teacher candidates have been from Corban University?