

**THE COLLEGE OF NEW JERSEY  
STEP OFFICE**

**CHECK:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ / **DESIGNATE:** Year \_\_\_\_\_

STUDENT TEACHING COOPERATING TEACHER INFORMATION RECORD				
THE COLLEGE OF NEW JERSEY SCHOOL OF EDUCATION				
COOPERATING TEACHER NAME (LAST, FIRST, MIDDLE)		Social Security #	STUDENT TEACHER/INTERN NAME	
COOPERATING TEACHER ADDRESS (NO., STREET, APT)		CITY	STATE	ZIP
EMAIL	SCHOOL NAME & PHONE		Grade/Subject	DISTRICT SEM/YR.
<b>Licensure Area (Certifications):</b>				
<b>State:</b>				
Optional: ___ Asian/Pacific Islander ___ African American ___ Hispanic ___ Native America ___ White ___ Other				
Student Teacher Supervisor Name: _____				
<b>CHOICE OF HONORARIA: CHECK ONE (1)</b>				
You will receive a <b>\$250.00</b> stipend for serving as a cooperating teacher as designated below:				
___ ELEM/ECE/URBAN ED    ___ SECONDARY ED    ___ DHH    ___ SPECIAL ED/Graduate Level				
___ TECHNOLOGY ED    ___ MAT/INTERNSHIP II				
<input type="checkbox"/> Art, Music, Health & Physical Ed. or Dual Certification SPED - \$125.00 (per quarter) <input type="checkbox"/> Overseas - \$125.00 (per quarter) <input type="checkbox"/> ESL - \$250.00 full Semester/ \$125.00 half Semester <input type="checkbox"/> LDTC - \$75.00 <input type="checkbox"/> SPED Graduate Practicum (SPED 617) - \$125.00 full semester				
(If there are 2 or more cooperating teachers or the cooperating teacher serves for less than a full semester, the stipend will be shared accordingly.)				
Please check date Student Teacher/Intern was hosted:				
Coop #1				
___ Full semester				
___ If shared student teacher/intern with coop #2				
___ First quarter				
___ Second quarter				
Coop #2 (If shared student teacher/Intern) CONTACT INFO:				
Name _____				
Address _____				
Phone Number _____				
<b>Are you currently employed by TCNJ</b> ___ Yes    ___ No				
If you are, please contact the Payroll Office to get a copy of the "Supplemental Payroll Authorization" form. Fill out the <b>employee name and ID</b> portion only. Attach and return all forms to the address below.				
<b>SIGNATURE:</b>		<b>DATE SUBMITTED:</b>		
Please return this form and the W-9 form to the STEP Office <b>by mail: PO Box 7718, Ewing, NJ, 08628;</b> <b>email: <a href="mailto:step@tcnj.edu">step@tcnj.edu</a>; or fax: 609-637-5196</b> Contact us with questions/comments at: 609-771-2408;				

**\*Vouchers will be accepted on a space available basis.**