**THE COLLEGE OF NEW JERSEY**

 **STEP OFFICE**

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

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| **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. |
| **Licensure Area (Certifications):** **State:** |
| Optional: \_\_Asian/Pacific Islander \_\_African American \_\_Hispanic \_\_Native America \_\_White \_\_Other |
| Student Teacher Supervisor Name: **CHOICE OF HONORARIA: CHECK ONE (1)**  |
|  You will receive a **$250.00** 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   Art, Music, Health & Physical Ed. or Dual Certification SPED - $125.00 (per quarter) Overseas - $125.00 (per quarter)  ESL - $250.00 full Semester/ $125.00 half Semester  LDTC - $75.00  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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Are you currently employed by TCNJ \_\_\_\_ Yes \_\_\_\_ No**If you are, please contact the Payroll Office to get a copy of the “Supplemental Payroll Authorization” form. Fill out the **employee name and ID** portion only. Attach and return all forms to the address below. |
| **SIGNATURE: DATE SUBMITTED:** |
| Please return this form and the W-9 form to the STEP Office **by mail: PO Box 7718, Ewing, NJ, 08628;** **email:** **step@tcnj.edu****; or fax: 609-637-5196** Contact us with questions/comments at: 609-771-2408;  |

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