**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**](mailto: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.**