

**Fall 2009**  
**Cooperating Teacher Honorarium Request and Data Sheet**  
**Office of Field Experiences, Clinical Practice and Partnerships**

Name: \_\_\_\_\_  
                    Last                                      First                                      MI                      Maiden

DOB: \_\_\_\_\_                      Gender: \_\_\_\_\_  
                    (DD/MM/YYYY)

\_\_\_\_\_                                      \_\_\_\_\_  
                    Current School                                      County

School Address: \_\_\_\_\_  
                                    (Street)                                      (City)                                      (Zip code)

Telephone: \_\_\_\_\_  
                                    (School)                                      (Alternate)

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
                                    (Street)                                      (City)                                      (Zip code)

Social Security (or Employee ID) No: \_\_\_\_\_

Total Years of Teaching Experience: \_\_\_\_\_                      Race: \_\_\_\_\_

Total **Completed** Years of Teaching Experience in your CURRENT Field with a clear renewable certificate: \_\_\_\_\_

Georgia Teaching Certificate Number: \_\_\_\_\_

Current Level of Teaching Certification (Circle One)      T4      T5      T6      T7

Teaching Certification Area: Middle Grades teachers please specify concentration(s). P-12 and 7-12, please specify subject area. Special Education teachers please specify teaching assignment (i.e. self-contained, resource, inclusion) and grade level(s).

- ( ) PK-5
- ( ) Middle Grades    Concentration Area(s) \_\_\_\_\_
- ( ) P-12    OR    ( ) 7-12                      Subject(s): \_\_\_\_\_
- ( ) Special Education                      Assignment: \_\_\_\_\_                      Grade(s) \_\_\_\_\_

**Continued on the Back**

<u>College/University Attended</u>	<u>Degree Earned</u>

Are you TSS Endorsed? ( ) Yes ( ) No

Are you a NBPTS Certified Teacher? ( ) Yes ( ) No

Other Certificates and Endorsements Held:

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Who is your intern for this semester? \_\_\_\_\_

Number of Student Teachers Previously Supervised: \_\_\_\_\_

**\*\*Please note that your stipend check will be mailed from the Business Office at AASU at the end of the semester. The check will be made payable to the appropriate school system who will then distribute the checks to the individual teachers.**

**If you are hosting an intern who has a courtesy placement (in other words, he/she is at a school outside of AASU's service area and is being supervised by a faculty member from a university other than AASU) you are not eligible for a stipend. All fees are paid directly by the intern. We would, however, appreciate it if you return this form so we can update our database with your information.**