



DEAR COOPERATING TEACHER:

BEFORE AN HONORARIUM CHECK CAN BE ISSUED, WE WILL NEED ALL OF THE FOLLOWING INFORMATION:

NAME _____
(please print - complete name)

SOCIAL SECURITY NUMBER _____

ADDRESS _____
(preferred mailing address – this is where your check will be mailed)

_____ City State Zip

E-MAILADDRESS _____

SCHOOL _____

STUDENT'S NAME _____ QUARTER _____

GRADE/SUBJECT _____

PLEASE CHECK ALL OF THE FOLLOWING AREAS THAT PERTAIN TO YOU:

_____ Hold a Wisconsin teaching license

_____ Volunteered for an assignment as a cooperating teacher

_____ Have at least 3 years of teaching experience

_____ Have at least one year of teaching experience in the school system
of current employment

_____ Have completed training in the supervision of clinical students

_____ I would be interested in enrolling in the SNC Supervision Seminar in
the fall. Please send me more information.

**PLEASE SEND THIS INFORMATION AS SOON AS POSSIBLE OR BEFORE THE
END OF THE QUARTER TO:**

**ST. NORBERT COLLEGE
TEACHER EDUCATION/PLACEMENT OFFICE - BOYLE HALL 225
100 GRANT STREET
DE PERE, WI 54115-2099**

THANK YOU!