

University of Delaware Office of Clinical Studies



College of Human Services, Education & Public Policy
Office of Clinical Studies
200 Academy Street
Newark, Delaware 19716-2950
Ph: 302-831-2319
Fax: 302-831-6061

COOPERATING TEACHER HONORARIUM REQUEST - INSTRUCTIONS

- Please print this form
Complete and sign
Return it by mail or fax to:
Office of Clinical Studies, 200 Academy Street, Newark, De, 19716-2950, Fax 302-831-6061

Please return the completed form immediately to ensure that you are paid in a timely manner.
Forms which are received late may prevent reimbursement.

COOPERATING TEACHER HONORARIUM REQUEST FORM

Name: _____ SSN/ITIN: _____
PLEASE CHECK ONE: U.S. Citizen _____ Permanent Resident _____ Non-Resident _____
School District _____ School _____
Home Address _____ State, City, Zip _____
Email Address _____
Student Teacher _____ Teaching Fields _____
PLEASE CHECK ONE: Fall Semester _____ Spring Semester _____ Other _____
Have you ever worked for the University in another capacity? Yes _____ No _____
If so, please indicate which department? _____
'S' contract _____ Miscellaneous wages _____ Other (please indicate) _____
Signature _____ Date _____

COOPERATING TEACHER DATA SHEET

Please help us to collect data needed for our national accreditation by completing this section. Please know that this information will be presented in aggregated form only. No data will be used in any way to identify individuals. Your help with this task is most appreciated.

CHECK ONE: School-Based Personnel _____ University-Based Personnel _____
Gender M ___ F ___ Ethnicity: Caucasian ___ Black ___ Hispanic ___ Asian ___ Other ___
Current Subject(s) Taught: _____ Current Level(s): _____
Area(s) of Certification: _____
Degree(s) Held: _____ # Years of Experience: _____
Associated UD Course (CIRCLE ONE) METHODS STUDENT TEACHING
Associated UD Program (ETE, ECDE, HPE, Math, Science, etc.) _____
Please check all that apply (past or present):

Teacher of the Year: Building: _____ District: _____ State: _____

National Board Certification: In Progress: _____ Board Certified: _____