

## PROFESSIONAL EXPERIENCE

### STUDENT TEACHER AND COOPERATING TEACHER INFORMATION FORM

**SAMPLE**

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A cooperating teacher(s) and Wagner College supervisor will be assigned as evaluators and assess you throughout the clinical placement using rubrics in placed on Taskstream. These rubrics align with our teacher preparation program, state, and accreditation requirements.

On the first day of clinical placement, meet with your cooperating teacher and complete the fields below. Information entered provides evaluators access to rubrics to complete narrative and formal online observations.

#### STUDENT TEACHER INFORMATION (REQUIRED)

|               |  |                                  |  |
|---------------|--|----------------------------------|--|
| Student Name: |  | Wagner College<br>Email Address: |  |
|---------------|--|----------------------------------|--|

|  |  |
|--|--|
| Education Program Enrolled in: Example:<br>Childhood Education 1-6 |  |
|--|--|

|                          |  |
|--------------------------|--|
| Major 'or' Content Area: |  |
|--------------------------|--|

#### SCHOOL / COOPERATING TEACHER INFORMATION (REQUIRED)

|                 |  |              |  |
|-----------------|--|--------------|--|
| Name of School: |  | Telephone #: |  |
|-----------------|--|--------------|--|

|                                |  |   |  |
|--------------------------------|--|---|--|
| Cooperating<br>Teacher's Name: |  | Active DOE 'or'<br>SCHOOL Email<br>Address: |  |
|--------------------------------|--|---|--|

|  |  |  |  |
|--|--|--|--|
| Cooperating Teacher<br>License / Certification |  | Additional License(s)<br>/ Certification |  |
|--|--|--|--|

#### WAGNER COLLEGE SUPERVISOR INFORMATION (REQUIRED)

|                    |  |                                |  |
|--------------------|--|--------------------------------|--|
| Supervisor's Name: |  | Supervisor's Email<br>Address: |  |
|--------------------|--|--------------------------------|--|