

## Angelo State University COLLEGE OF EDUCATION EPI Center

## **Cooperating Teacher Application**

Applicant's Name:	Email:
Home Address:	
School Name:	School Phone:
School Address:	
School District:	
School Principal's Name:	Email:
Certificate Areas Held:	
# of Years Teaching Curren	t Grade & Subjects:
the teacher candidate is assigned; and	e as Cooperating Teacher: aching certificate with a minimum of 1 year in the district to which subject competency and certification area of the teacher
teaching placement that may arise; • Agree to communicate with all stakeholders, as • Be willing to allow the student teacher to incorp	Video;
Cooperating Teacher Applicant Signature:	Date:

ASU Station #10914 \* San Angelo, TX 76909 \* 325-942-2209 \* Fax 325-942-2039