



BOYCE
THE COLLEGE at SOUTHERN

STUDENT TEACHER ORIENTATION

CO-TEACHING TRAINING: PART C

COOPERATING TEACHER:

LAST NAME _____ FIRST NAME _____
EMAIL _____ PHONE (_____) _____ - _____ CELL / WORK / HOME
SCHOOL NAME _____ CITY _____
CIRCLE ONE
GRADE & SUBJECT _____ PRINCIPAL _____

STUDENT TEACHER:

LAST NAME _____ FIRST NAME _____
SEMESTER FALL / SPRING SCHOOL YEAR _____ EMAIL _____
CIRCLE ONE

MEETING INFORMATION:

MEETING DATE (mm/dd/yyyy) _____ MEETING TIME _____ AM / PM
CIRCLE ONE

DURING THE STUDENT TEACHER ORIENTATION (CHECK ALL THAT APPLY)

- I WAS INTRODUCED TO MY STUDENT TEACHER
- I WAS INTRODUCED TO THE STUDENT TEACHER'S COLLEGE SUPERVISOR
- I RECEIVED A COPY (HARD COPY OR PDF) OF THE COOPERATING TEACHER HANDBOOK
- THE COOPERATING TEACHER HANDBOOK AND EXPECTATIONS FOR STUDENT TEACHING WERE DISCUSSED

I, the undersigned, confirm the above information is, to the best of my knowledge, complete and accurate.

COOPERATING TEACHER

COLLEGE SUPERVISOR

STUDENT TEACHER