## **Attachment B**



## **Supervising Teacher Information Form**

1.	Name:					
2.	School:			City:		
3.	Current Assignment (Subjects and/or Grades):					
4.	Anticipated Teaching Assignment for Coming Academic Year:					
5.	Teaching Experience					
	a. Number of years of teaching experience:					
	b. Number of years of teaching experience in current assignment: at current grade level/subject:					
	c. Type of license/grade or subject:					
6.	Educational Background (check and fill in information):					
	a Bachelors:	Where		Year		
		Major	Minor	rs		<u> </u>
	b Masters:	Where		Year		
		Area of Specialization				
	c Doctorate:	WhereYear				
		Area of Specialization				
d. Semester hours earned since last degree: When						
	Where Area of Study					
7.	<u>Supervision Experience</u>					
	Have you previously supervised student/associate teachers?					
	<u>Professional Activities</u> (memberships, publications, presentations, participation in professional development opportunities such as					
	LETS, additional school-related responsibilities):					
9.	Indication of Interest	i				
	I am willing to serve as a supervising teacher:		Yes	Maybe	No	
	Semester Preferred:	1 0	Fall	Spring	Either	
				1 6		
	(Date		(Signature)			
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Hoı	me Address (optional,	but helpful for summer mailing	gs):			
	T.11	.D				
Hol	me Telephone (option	al):				
			(Ruildi	ng Principal's Signa	ture)	
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		Copy sho	ould be retained by bu	nung principal		