

# William Paterson University

OFFICE OF FIELD EXPERIENCES-VALLEY ROOM 3108  
1600 VALLEY ROAD | WAYNE, NEW JERSEY 07470-2103  
973-720-3132/2109 | FAX 973.720.3503 | WWW.WPUNJ.EDU

## STUDENT TEACHING COOPERATING TEACHER RECOMMENDATION FORM

The Office of Field Experiences requests that the DISTRICT School District recommends a Student Teaching field experience for the following student:

**GRADE:**  
**Program:**  
**Special Consideration:**  
**Course:**

**The Student Teaching assignment begins Wednesday, January 18, 2012 and ends on Thursday, May 10, 2012. (except as noted below).**

*Please Note: Art, Physical Education, Special Education/K-12 (Dual) and Special Education/Elementary (Dual) students will begin their first half of student teaching on Wednesday, January 18, 2012 and end Friday, March 16, 2012. Their second half of student teaching will start on Monday, March 19, 2012 and end Thursday, May 10, 2012.*

**Check here if this student can be accommodated. Please fill out below:**

**School:**

\_\_\_\_\_

**Principal:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Cooperating Teacher:** \_\_\_\_\_

**City:**

\_\_\_\_\_

**Grade:** \_\_\_\_\_ **School Phone:** \_\_\_\_\_

**Check here if an interview is required before acceptance. Please fill out below.**

We will notify student about interview upon receipt of this document by mail or fax to 973-720-3503. Please contact the following person for an interview:

**Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Check here if this student cannot be accommodated.**

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By signing this form to accept the Student Teaching Student, I am also accepting the terms of the Collaborative Field Experience Agreement.

\_\_\_\_\_  
**Name and Title of Administrator**

\_\_\_\_\_  
**Date**

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**Please return a copy of this form to the university as soon as possible, or fax to 973-720-3503. Thank you in advance for your assistance.**