



Office of Professional Laboratory Experiences  
Department of Curriculum and Instruction  
College of Education

### DATA ON COOPERATING TEACHERS/MENTORS

Please supply all information requested on this form and return it immediately to the Office of Professional Laboratory Experiences. A fax is acceptable (318-274-3346).

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

**Name:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_ **Tele. #** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parish:** \_\_\_\_\_ **Principal:** \_\_\_\_\_

**Highest Certificate Type:** \_\_\_\_\_ **Field:** \_\_\_\_\_

**Teaching Field:** \_\_\_\_\_ **Years of Experience:** \_\_\_\_\_

**Areas of Certification:** \_\_\_\_\_ **Mentor Cert.** \_\_\_\_\_

**National Board Certification:** Yes \_\_\_\_\_ No \_\_\_\_\_

Teaching Experience in Elementary/Secondary:

<u>When</u>	<u>Where</u>	<u>Grade Levels</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit Hours Received in **Supervision of Student Teaching** \_\_\_\_\_ When Earned \_\_\_\_\_

**Mentor Training:** \_\_\_\_\_ YES \_\_\_\_\_ NO

*Producing knowledgeable, skilled, & compassionate educators and other school professionals  
"Where everybody is somebody"*

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