MCKENDREE UNIVERSITY, SCHOOL OF EDUCATION

TEACHER EDUCATION PROGRAM

TEACHER CANDIDATE INFORMATION FOR COOPERATING TEACHERS

Name _____

Address _____
(Street, City, State, Zip)

Phone _____ Email: _____

High School
Attended _____

Junior High School
Attended _____

College(s)
Attended _____ Degree _____
_____ Degree _____

Licensure Area (please check):
Elementary _____
Dual Elementary/Special Ed ____
Middle School _____
Secondary _____ Content Area: _____
Special Area:
Art Education _____
Music Education: Instrumental Emphasis ____ Vocal Emphasis ___
Physical Education _____
Special Education _____

Why are you are pursuing teaching as your professional career?

Describe prior classroom experiences in which you have participated/assisted.

What, if any, any additional previous experience do you have working with children and youth?

What are your hobbies, talents, or special interests?