

**For further information:**

[**https://www.uta.edu/coed/fieldexperience/district-partnerships.php**](https://www.uta.edu/coed/fieldexperience/district-partnerships.php)

 **Cooperating Teacher Recommendation**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade Level\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Student Teachers Supervised \_\_\_\_\_\_\_

Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Content Area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of Teaching Experience\_\_\_\_\_\_\_\_\_\_\_\_

Current Certifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Teacher Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifications Held (grade levels and content areas) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The district and/or campus acknowledges that this is an accomplished teacher based on evidence of student learning. YES NO (circle one)

*By signing below, you are recommending this teacher be approved to act as a cooperating for the UTA teacher candidate*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Administrator ( HR or Principal) Date

Please fill in information, sign and return to: coedfield@uta.edu