



Clinical Placement Cooperating Teacher Application and Interview

*Please submit the completed form to:
Carol Moran (cmoran@csp.edu) and
upload to your LiveText Field Experience page*

Teacher candidate's name: _____

Dates of placement: _____

Placement school: _____

Cooperating teacher's name: _____

License(s) currently held: _____

Degrees held: _____

University/College(s) attended: _____

Years teaching: _____

Grades/Subject areas taught: _____

Special professional development/training:

Experience mentoring teacher candidates:

Math curriculum utilized: _____

Literacy curriculum utilized: _____

What else should we know about your school/community?

Other (important dates, etc.):
