**Criteria for Cooperating Teachers**

**Cooperating teachers must**

* + - 1. Be approved by the school principal.
			2. Have a Louisiana Teaching Certificate.
			3. Have at least three years of teaching experience in his/her Louisiana certified area of teaching.
			4. Be willing to participate. Complete FORM A, the “Field-Based Teacher Experience Questionnaire” (FBTEQ), before allowing a candidate in his/her classroom. This form is now an online survey and can be completed at [www.surveymonkey.com/s/FormA\_Fall2013](http://www.surveymonkey.com/s/FormA_Fall2013).
			5. Complete FORM B and keep it on site for candidate access.

Southeastern Louisiana University

Form A:CF

(Revised 8/13)

**College of Education**

**Hammond, LA 70402**

**\*This form is now online at** [www.surveymonkey.com/s/FormA\_Fall2013](file:///C%3A%5CUsers%5CHeloise%5CDesktop%5C2013-2014%5CForms%5Cwww.surveymonkey.com%5Cs%5CFormA_Fall2013).

**Field-Based Teacher Experience Questionnaire (FBTEQ)**

This information requested is used (1) to meet the accreditation requirements of the state and national accreditation agencies for our undergraduate and graduate programs and (2) as part of the accreditation process, to enable the candidate to document field experience hours in Pass-Port, and electronic portfolio system. Thank you for your cooperation.

**Please check your role:**

**\_\_\_Cooperating Teacher \_\_\_University Supervisor \_\_\_ Supervising Teacher of Student Teachers**

**Name**: Gender: Male Female

 First Middle/Maiden Last

**School:** **Parish/District:**

**Current Teaching Assignment**:

 Grade Level(s) Subject(s)

**School E-mail:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fluent in Multiple Languages:**  Yes No

**Race:**

American Indian or Alaskan Native Black, Non-Hispanic Hispanic

Asian or Pacific Islander Foreign/Non-Resident Alien Not Reported

 White, Non- Hispanic

**Please check all that apply:**

 State Certification National Board Certification Currently Seeking National Board Certification

**Certification Type: If you are not sure, please check the Teach LA site (**[**http://teachlouisiana.net**](http://teachlouisiana.net/)**)**

Type A Practitioner Teacher

Type B Out of State Provisional Certification

Type C Out of Field Authorization to Teach

Level 1 Professional Certification Temporary Authority to Teach

Level 2 Professional Certification Temporary Employment Permit

Level 3 Professional Certification Ancillary Certification

**Certification Areas: Please check all that apply.**

Elementary Grades 1-8 Vocational Agriculture Mild/Moderate

Elementary Grades 1-6 Vocational Home Econ. Severe/Profound

Lower Elem. Grades 1-4 Family & Cons. Science Mentally Retarded

Upper Elem. Grades 5-8 Physical Education Learning Disabled

Kindergarten Health & Physical Ed. Academically Gifted

Nursery School Driver/Traffic Safety Ed. School Librarian

Early Interventionist Aerospace Education Media Specialist

English French Guidance Counselor

Math Spanish Counselor in Elem./Sec. Schools

General Science Journalism Supervisor of Student Teaching

Biology Speech Reading Specialist

Chemistry Bus/Office Ed. Principal (K-12)

Physical Science Bus. Ed. Subjects Elementary School Principal

Social Studies Coop. Office Ed. Secondary School Principal

Instrumental Music Computer Literacy Parish/City School Sup. Of Instruction

Art Health Occupation School Superintendent

Early Childhood Education Grades Pk-3 Educational Technology Educational Leadership Level 1

Middle School Grades 4-8 English Second Language ESL Educational Leadership Level 2

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Are you currently teaching/working in your area of certification?**  Yes No

**2. Highest Degree Earned**: Bachelor’s Master’s Master’s +30 Specialist Ph.D. or Ed.D.

**3. Total Years Teaching**:\_\_\_\_\_\_(Minimum of 3 years required) **Total Years at this site**:\_\_\_\_\_\_\_\_\_\_\_\_\_**.**

**4. How often do you incorporate the use of technology into your teaching and learning activities?**

 Daily Weekly Monthly

**5. How often do your students use technology in learning activities?**

⁭ Daily Weekly Monthly

**6. How often do you develop and teach lessons that incorporate diversity (ethnic, racial, gender, and socioeconomic**

 **groups)?** ⁭

 Daily Weekly Monthly Yearly

**7. Do you meet the qualifications to serve as a Supervisor of Student Teaching?** Yes No

**8. Are you one of the following? If so, please circle.**

 **Technology facilitator**  **Resource Helping Teacher**  **Curriculum Coach/Instructor**

**List Professional Organization in which you are a member:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*NOTES:**

**Supervising Teacher of Student Teachers:** Submit to the assigned university supervisor working with you and your student teacher or intern.

All **TEACHERS at METHODS sites should** submit a completed form at the beginning of each academic year.

**Field Experience Cooperating Teacher:**

**A. Complete Form A online or submit Form A to**

 **the principal to be either:**

 **a. emailed to** **heloise.aucoin@selu.edu** **or**

 **b. mailed to: Dr. Heloise Aucoin, Director**

 **Office of Field Experience**

 **SLU 10671**

 **Hammond, LA 70402**

**B. Form A must be submitted to the Office of**

 **Field Experience before ANY candidate can**

 **begin documenting field experience.**

**Qualifications to be a Cooperating teacher:**

**1. Recommended by the principal**

**2. Hold a LA teaching certification**

**3. At least three years of teaching experience.**

**4. Complete Form A and submit it to the**

 **Office of Field Experience**

**5. Complete Form B to be kept in his/her class.**

 **CLUs will be issued to each cooperating/**

 **Supervising teacher at the end of the academic**

 **year.**

Southeastern Louisiana University

Form B

(Revised 7/13)

 College of Education

**Hammond, Louisiana 70402**

*Field-Based Experiences Classroom Information (FBECI)\**

 NOTE: A copy of this form will remain in the field classroom in order to accommodate

 other field candidates.

**Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **First Middle Last**

***Breakdown of participants:*** *Please indicate a numerical value for each.*

Total Number of Students: \_\_\_\_\_\_\_\_\_\_\_\_\_ Males: \_\_\_\_\_\_\_\_\_\_\_ Females: \_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Students with Exceptionalities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Exceptionalities:*** *Indicate the number of candidates in the class with any of these exceptionalities.*

\_\_\_\_\_Autism \_\_\_\_\_Deaf/Blind **\_\_\_\_\_** ESL \_\_\_\_\_Developmental Delay

\_\_\_\_\_Gifted \_\_\_\_\_Hearing Impairment \_\_\_\_\_Emotional Disturbance

\_\_\_\_\_Infant and Toddlers with Disabilities \_\_\_\_\_Mental Disability

\_\_\_\_\_Other Health Impairment (may include ADD) \_\_\_\_\_Multiple Disabilities

\_\_\_\_\_Specific Learning Disability \_\_\_\_\_Orthopedic Impairment

\_\_\_\_\_Speech/Language Impairment \_\_\_\_\_Talented

\_\_\_\_\_Traumatic Brain Injury \_\_\_\_\_Visual Impairment

\_\_\_\_\_Temporary Disability (i.e., broken arm, broken leg, etc.) \_\_\_\_\_Limited Proficiency

***Grade Levels:*** *Select the grade(s) of the participants*

\_\_\_\_\_Early Intervention (Birth to 3) \_\_\_\_\_Pre-K \_\_\_\_\_Kindergarten

\_\_\_\_\_1st \_\_\_\_\_2nd \_\_\_\_\_3rd \_\_\_\_\_4th

\_\_\_\_\_4.5 \_\_\_\_\_5th \_\_\_\_\_6th \_\_\_\_\_7th

\_\_\_\_\_8th \_\_\_\_\_8.5 \_\_\_\_\_9th \_\_\_\_\_10th

\_\_\_\_\_11th \_\_\_\_\_12th

***Ethnicity:*** *Please indicate the number of candidates for each ethnicity within the class.*

\_\_\_\_\_American Indian or Alaskan Native \_\_\_\_\_Hispanic

\_\_\_\_\_Asian or Pacific Islander \_\_\_\_\_Not Reported

\_\_\_\_\_Black, Non-Hispanic \_\_\_\_\_White, Non- Hispanic

\_\_\_\_\_Foreign/Non-Resident Alien

***Subject:*** *Select the subject(s) taught.*

\_\_\_\_\_Art/Music \_\_\_\_\_Mathematics \_\_\_\_\_Language Arts

\_\_\_\_\_Business \_\_\_\_\_Science

\_\_\_\_\_Foreign Language \_\_\_\_\_Social Studies \_\_\_\_\_Other:\_\_\_\_\_\_\_\_

\_\_\_\_\_Health/PE \_\_\_\_\_Special Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_