“Preparing professional educators who are committed, collaborative, and competent.”

UNCP Student: Once you have completed the total number of hours required in your field experience, complete Section A and then give this form to your cooperating teacher who will fill out Section B. **Complete one form per teacher.**

Once the cooperating teacher has completed Section B, return this form to your University instructor.

**Section A: To be completed by the UNCP student:**

Name____________________________________________ Banner #_____________________________

School _____________________________ School District __________________ Hours Required_______

Course Title/Number______________________________________ Term_____________ Year_________

Instructor’s name _______________________________________________________________________

**Section B: To be completed by the cooperating teacher:**

Please complete Section B regarding the UNCP student’s time in your classroom and return form to UNCP student.

Cooperating Teacher Name (please print)____________________________________________________

Initial visit date ________________ Final visit date ________________ Total hours__________________

Cooperating Teacher Signature____________________________________________________________

Cooperating Teacher Email_______________________________________________________________

**Section C: To be completed by the university instructor:**

Please review each UNCP student’s form to insure proper completion and the presence of a teacher’s signature. The form for each student in your class, with your signature and date, should be forwarded to Kimberly McMillan in the Office of University-School Partnerships and Clinical Practice.

Instructor’s Signature_________________________________________________________ Date________________