

COMPLIANCE STATEMENT FOR COOPERATING TEACHERS

Wisconsin PI 34.15 (6) Provisions relating to cooperating teachers and other school based supervisors insuring that the cooperating personnel used in the clinical field experience programs meet all of the following requirements:

- (a) Hold a Wisconsin license, or equivalent license where the clinical program occurs, and have volunteered for assignment as a cooperating teacher or school-based supervisor.
- (b) Have at least 3 years of teaching experience with at least one year of teaching experience in the school or school system of current employment or have at least 3 years of pupil service or administrator experience with one year in the school or school system of current employment.
- (c) Have completed training in both the supervision of clinical field experience students and in the applicable standards in subchapter II.

Student Teacher: [Click here to enter text.](#)

Cooperating Teacher: [Click here to enter text.](#)

School and City: [Click here to enter text.](#)

Do you have at least three years of experience with at least one year in the current school/district?

YES NO

Do you have a current Wisconsin Teaching License (Or valid teaching license in the state where the field experience is taking place):

YES NO Year of Expiration: [Click here to enter text.](#)

Your personal Wisconsin License 5- or 6-digit File/Entity Number (not your license number): [Click here to enter text.](#)

OR if licensed in another state, please email a pdf copy of your license to field.experience@cuw.edu

Have you voluntarily agreed to host a student teacher or practicum student? YES NO

Currently Teaching Grade/s: K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

Currently Teaching Subject/s: [Click here to enter text.](#)

Supervision course completed at: _____ Date Completed: _____

OR CUW Online Training - Date Completed: [Click here to enter a date.](#)

Teacher's Electronic Signature: [Click here to enter text.](#)

By checking this box I verify the above information to be accurate and true. Date: [Click here to enter a date.](#)

PLEASE EMAIL THIS FORM TO field.experience@cuw.edu

Questions, please email J.Juergensen@cuw.edu