

VERIFICATION OF DPI QUALIFICATION

(This form must be completed and signed by a UW-Madison Program Coordinator and filed with Education Academic Services, 109 Education Building, for each teacher who supervises a student teacher directly assigned to him/her no matter the daily involvement.)

This verifies that _____, _____
Full Legal Name of Cooperating Teacher Grade/Subject Area
currently at _____, _____
Name of School City

is qualified to work with student teachers. This confirms that the above-named teacher has satisfied requirements A, B, and C, listed below, as defined by s. PI 34.15(6), Wisconsin Administrative Code:

A. _____ holds a Wisconsin license and has volunteered for assignment as a cooperating teacher.

B. _____ has at least three years of teaching experience with at least one year of teaching experience in the school system of current employment.

C. _____ has completed training in both the supervision of clinical students and in the Teacher Education Standards by (please indicate one):

_____ completing a university-level course on supervision of student teachers.
(Course: _____ Institution: _____ Date: _____)

_____ taking the qualifying workshop for cooperating teachers.
(Instructor: _____ Date: _____)

_____ attending a qualifying seminar.
(Instructor: _____ Date: _____)

_____ having a conference with a university program coordinator.
(Coordinator: _____ Date: _____)

Signature of University Program Coordinator _____ **Date:** _____