***University of Northern Colorado***

School of Teacher Education

College of Education and Behavioral Sciences

Greeley, CO 80639

**Verification of Non-Colorado Licensed Cooperating Teacher Qualifications**

**EDUCATOR INFORMATION:**

Educator’s Name:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District:

Grade(s) taught: Content Area(s):

**TEACHING EXPERIENCE INFORMATION:**

Number of Years Teaching Experience: \_\_\_\_\_\_\_\_ \_

Please submit evidence of successful teaching (4 years) in your specific content area. Evidence can include professional evaluations by a principal or district.

 Type of documentation submitted:

Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL/DISTRICT VERIFICATION:**

I hereby certify that the above named educator has successfully completed at least four (4) years teaching experience and is recommended by me to serve as a UNC Mentor Teacher.

Principal or Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form should be submitted to the Student Teaching Placement Office with**

**documents to verify above experience.**

**Student Teaching Placement Office**

**Cheryl Sparks, Field Placement Officer**

**501 20th St., Campus Box 107**

**Greeley, CO 80639**

**cheryl.sparks@unco.edu**

**970-351-4716 fax: 970-351-1877**