



PREPARING PROFESSIONAL EDUCATORS OF DISTINCTION
TO MAKE A POSITIVE IMPACT
ON THIS GENERATION AND THE NEXT

Lincoln Memorial University

Initial Teacher Licensure Program

Cooperating Teacher Profile

Dear Cooperating Teacher:

The Tennessee Department of Teacher Education and Accreditation requires compliance with standards and guidelines regarding well-credentialed K-12 teachers for placement and cooperating of pre-service or student teachers. To assist us with appropriate documentation, please complete this profile. The expertise and service you provide to the LMU Teacher Education Program is greatly appreciated.

Thank you.

Teacher Candidate Name:		Student ID (NOT social security number):	
Teacher Candidate Level (please circle): Helping Hands Academic Assistant Pre-Clinical Practice Clinical Practice			
Cooperating Teacher (CT):		CT SS# (KY Teachers only)	
CT Email:			
CT Phone: (HOME)		(SCHOOL)	(OTHER)
CT Ethnicity (Optional): African American _____ Asian _____ Caucasian _____ Hispanic _____ Native American _____ Pacific Islander _____ Other _____			
Highest Degree/University:		Present Rank: (KY only)	Certification/Endorsement:
Current Grade Level and Content Area:		Years Teaching at Present School:	
Previous Teaching Experience (Grade Level & Content Area):		Total Years Teaching:	
School Name & Address:			
Principal:		District:	
Principal Email:			

Cooperating Teacher Signature: _____ Date: _____