

**Grand View University
Education Department**

Cooperating Teacher Payment Form

Thank you for being a cooperating teacher for a student teacher at Grand View University. We appreciate your time, energy and expertise. Please fill out this form and return it to the Education Department at Grand View University **as soon as possible**. You may send this in the mail (see address below) or email it to the Education Department at eddept@grandview.edu. The check will be sent directly to your home address at the conclusion of your student teacher supervision responsibilities. Please call the Education Department at 515-263-6063 if you have any questions.

I wish to receive the honorarium to which I am entitled.

Please circle one of the amounts below:

1. \$288.00 for one full semester (approximately 16 weeks) as a cooperating teacher
2. \$144.00 for one half semester (approximately 8 weeks) as a cooperating teacher

Cooperating Teacher's Name: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Student Teacher's Name: _____

Semester: Fall
 Spring

Year: _____

School Placement Name: _____

**Grand View University
Education Department
Attn: Katlyn Clark
1200 Grandview Ave
Des Moines, IA 50316**