

**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 Erin Rinderknecht at [erinderknecht@grandview.edu](mailto:erinderknecht@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: Erin Rinderknecht  
1200 Grandview Ave  
Des Moines, IA 50316**