

# 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 fax this form to 515-263-6075 or email Melissa Ostrem at [mostrem@grandview.edu](mailto:mostrem@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 263-2844 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                      Select One:    Full semester      
 Spring    Half semester   

Year: \_\_\_\_\_

School Placement Name \_\_\_\_\_

Grand View University, Education Department, 1200 Grandview Ave. Des Moines, IA 50316