

**Association of Teacher Educators-Indiana Unit
Outstanding Cooperating Teacher
Nomination Form**

Submission Deadline to OFE: **mid May**

(Please type or print neatly. Please double check spelling of teacher's name.)

Date _____

Supervising/Cooperating Teacher's Name _____

School _____ Grade(s)/
Subject _____

School Address _____

School Phone _____ School Corporation _____

Nominating Institution Purdue University, West Lafayette

Contact Person: Linda R. Austin, Director (Office of Field Experiences) Phone 765-494-7990

Building Principal _____ Address _____

Superintendent _____ Address _____

Biographical Data (Years taught, number of education students supervised, etc.)

Outstanding qualities of this supervisor

Please include additional information on an attached sheet.