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____________________________________________

Grade(s)/

School__________________________________________  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.