



# Supervising Teacher Information Form

**Directions:** Please provide your information on this form. You must complete this entire form and return it to the UWG supervisor in order to receive your stipend (**only internship supervisors receive a stipend**). We request demographic information about you and your school to fulfill requirements of our accrediting board. Thank you for your cooperation.

Please print your last name and first name.

LAST NAME											

Please print legibly.

FIRST NAME											

Please print legibly.

SOCIAL SECURITY NO.								

You MUST provide your SSN to receive the stipend.

YOUR RACE
<input type="radio"/> African-American
<input type="radio"/> Asian
<input type="radio"/> Caucasian
<input type="radio"/> Hispanic
<input type="radio"/> Multi-racial
<input type="radio"/> Other

HIGHEST DEGREE YOU HOLD
<b>MARK ONLY ONE DEGREE</b>
<input type="radio"/> Doctorate
<input type="radio"/> Specialists (Ed.S.)
<input type="radio"/> Masters
<input type="radio"/> Bachelors

YOUR SCHOOL SYSTEM		
<input type="radio"/> Bremen City	<input type="radio"/> Douglas County	<input type="radio"/> Heard County
<input type="radio"/> Carroll County	<input type="radio"/> Fayette County	<input type="radio"/> Paulding County
<input type="radio"/> Carrollton City	<input type="radio"/> Floyd County	<input type="radio"/> Rome City
<input type="radio"/> Coweta County	<input type="radio"/> Haralson County	<input type="radio"/> Whitfield County
<input type="radio"/> Other _____		

If "other," please write the name of your system

CURRENT CLEAR AND RENEWABLE CERTIFICATES HELD	
You can access your certification information at <a href="http://www.gapsc.com/TeacherCertification.asp">http://www.gapsc.com/TeacherCertification.asp</a>	
NAME OF CERTIFICATION	YEAR RECEIVED
Example <i>T-4 Early Childhood</i>	<i>1992</i>

If you hold a **current** Teacher Support Specialist Endorsement (TSS), you must include it above.

YOUR EDUCATIONAL BACKGROUND (list each degree)		
DEGREE	INSTITUTION	MAJOR
Example <i>Ed.S.</i>	<i>UWG</i>	<i>Early Childhood</i>

YOUR EMPLOYMENT EXPERIENCE (most recent first)		
DATES	SCHOOL & SYSTEM	ASSIGNMENT
Example <i>2001-Present</i>	<i>Kennesaw Elementary, Cobb County GA</i>	<i>Third grade teacher</i>

Thank you for completing this form. Please sign your name below, indicating that you have reviewed the online instructional video or have read the text-only version.

I have reviewed the online instructional video available at <http://coe.westga.edu/About/Assessment/Training.htm>

\_\_\_\_\_

Signature

Did you find the **online video** (or text-only version) helpful for:

YES	NO	
<input type="radio"/>	<input type="radio"/>	1. Understanding supervisor responsibilities.
<input type="radio"/>	<input type="radio"/>	2. Understanding how to complete this form.
<input type="radio"/>	<input type="radio"/>	3. Understanding how to complete candidate evaluations.