

Work History Form-ECH

COOPERATING TEACHER

Name: _____

Email Address: _____

Phone Number: _____

Highest degree earned: _____

Name of UOP student you will be working with: _____

Chronology of teaching experience: please list your most recent teaching experience first. A minimum of three years teaching experience is required.

Dates	School	Location	Position
From: _____ To: _____	_____ _____	_____ _____	_____ _____
From: _____ To: _____	_____ _____	_____ _____	_____ _____
From: _____ To: _____	_____ _____	_____ _____	_____ _____