

Work History Form

COOPERATING TEACHER

Name: _____

Email Address: _____

Phone Number: _____

Grade level: _____

Subject: _____

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, along with a current teaching certificate and Bachelor's degree. **Please attach a copy of your current teaching certificate.**

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