



Office of Clinical Experiences & Partnerships

Vendor # \_\_\_\_\_  
(Office Only)

**Mentor Teacher Stipend Verification ~ Fall 2021**  
Please fill out form and return to [jsetliff@kutztown.edu](mailto:jsetliff@kutztown.edu) before November 19 , 2021

Cooperating Teacher \_\_\_\_\_ SS# \_\_\_\_\_

Check if change of name

Please Print

Necessary to process checks

Home Address \_\_\_\_\_

Check if change of address

Street

City

State

Zip Code

Home e-mail \_\_\_\_\_ Home phone \_\_\_\_\_

Are you a KU graduate? Yes No Year \_\_\_\_\_ Degree/Major \_\_\_\_\_

School District \_\_\_\_\_ Building \_\_\_\_\_

Grade/Subject \_\_\_\_\_ Work Email \_\_\_\_\_

Is this your first Teacher Candidate from Kutztown University? (Professional-Semester students do not count)  
Yes No Most recent semester you mentored a student (ex:F20/S20)

Signature of Cooperating Teacher \_\_\_\_\_

KU Teacher Candidate \_\_\_\_\_

Please check: 7 week placement 14 week placement

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Office Use Only: \_\_\_\_\_\$135.00 (New Co-op 7wk) \_\_\_\_\_ \$270.00 (Exp. Co-op 7wk) \_\_\_\_\_\$540 (Full 14wk)

Date \_\_\_\_\_ Parked \_\_\_\_\_