

Due Week 1
Date _____

Student Teacher Information

Name	
ZID #	
Home Telephone	
Other Telephone	
e-mail	
Current Address	
Permanent Address (if different)	

Cooperating Teacher Information

Name of Head Cooperating Teacher	
Home Telephone	
School Telephone	
FACS Dept. Telephone	
e-mail	
School Name	
School Address	Street
	City Zip
Additional Cooperating Teachers and Telephone	Teacher _____ Tel: _____ Teacher _____ Tel: _____

Attach: Specific directions to the School (from NIU)
and directions for parking.