



Illinois State Board of Education

100 North First Street, S-306
Springfield, Illinois 62777-0001

VERIFICATION OF PROFICIENCY RATING OF COOPERATING TEACHER

EDUCATOR EFFECTIVENESS DEPARTMENT

PART I - TO BE COMPLETED BY THE UNIVERSITY

Please complete Part I by including both the name and IEIN of the student teaching candidate and cooperating teacher. Please complete an individual document for each cooperating teacher that may be working with the student teacher.

STUDENT TEACHER'S NAME (Last Name, First, Middle, Maiden)	IEIN
COOPERATING TEACHER'S NAME (Last Name, First, Middle, Maiden)	IEIN

By checking the boxes below, I certify I have verified the cooperating teacher listed above has met the following requirements per Illinois Administrative Code, Part 25.620:

is licensed and qualified to teach in the area

*Qualifying endorsement/
grade range held:* _____

has three years of teaching experience

Original Signature of Authorized University Official

Date

PART II - TO BE COMPLETED BY THE DISTRICT/SCHOOL

Please return this form to the university prior to student teaching assignment.

DISTRICT SCHOOL NAME	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL
NAME OF AUTHORIZED OFFICIAL	TITLE

Choose one:

I certify the cooperating teacher listed above has received a minimum of 'Proficient' rating in his/her most recent performance evaluation.

I certify the cooperating teacher listed above has received less than a 'Proficient' rating in his/her most recent performance evaluation.

Original Signature of Authorized District/School Official

Date