MENTOR TEACHER HONORARIUM INFORMATION
WEST CHESTER UNIVERSITY
Fall 2024 Semester: August 28 thru December 12, 2024

Please return honorarium form on or before Friday, November 8, 2024

Honorariums are processed at the end of the WCU semester

Mentor Teacher Information

_____
Last Name First Name M.I. Add former name/s

Home Address_____
Number (Apt. or Box #) Street

_____
City State Postal Code

E-mail Address_____Phone Number_____

Name of School & School District_____

Social Security # _____/_____/_____(**Alternatively, you may call 610-436-3425 to provide your SS#**)

IMPORTANT-Is this your first experience as a mentor teacher for **West Chester University**? **Yes** **No**
If "No", how many semesters of West Chester University students have you had **prior** to this semester? _____
(1.0 = full semester .5 = half semester)

Student Teacher Information

Note: Each student teaching semester is divided into two halves.

1st Assignment: August 28 to October 18, 2024 _____
WCU Student's Last Name First

2nd Assignment: October 21 to December 12, 2024 _____
WCU Student's Last Name First

Please indicate "SAME" if student remains for the 2nd Assignment or "N/A" when a student is not assigned.

West Chester University Student Teacher Supervisor's Name_____

Please review and become familiar with the contents of the Student Teaching Handbook Mentor Teacher Guide.

The area of certification as it appears on your teaching certificate: _____

The number of years you have been teaching: _____

Your signature verifies that you have reviewed the Student Teaching Handbook, are familiar with the content, and intend to act in a manner consistent with the guidelines. Please verify by signing your name below.

Signature_____

Return completed form by e-mail to sodoherty@wcupa.edu
or if you prefer by mail to:
West Chester University
Attn: Susan O'Doherty Office of Clinical Experiences Ehinger Office Annex
700 S. Church Street, Suite 102
West Chester, PA 19383