



Department of Education

University of Montana Western

FIELD EXPERIENCE/SUPERVISING TEACHER CONTRACT

Please fill out, print, sign and return.

This contract is valid for for Fall Spring Semester of (year).

I agree to represent the University of Montana Western as a Supervising Teacher for the following:

Teacher Candidate/Students Hosted:

Supervising Teacher Information:

Last Name: First Name: MI:

Mailing Address:

City: State: Zip:

School: Grade(s)/Subject(s) Taught:

E-mail Address:

Work Phone: Home Phone: Fax:

The Supervising Teacher is due:

Student Teaching - \$275

Budget Code: DST011

2-day Field Experience - \$25. Number of students hosted x \$25 =

3-5-day Field Experience - \$50.

14-day Field Experience - \$100.

UMW Rural Fridays Participant: Yes (+\$100) No

a portion of the stipend prorated for this candidate.

TOTAL DUE:

PLEASE BE AWARE: Failure to provide all the required documentation and forms of identity and/or an incomplete packet are the leading causes of the delay in payment of the stipend. Please read and follow the directions as carefully as possible.

I certify that this claim is correct and just in all respects and that payment has not yet been received. As a Supervising Teacher for the University of Montana Western, I will fulfill the responsibilities of a Supervising Teacher as outlined in the Montana Western Student Teacher Handbook.

Signature of Supervising Teacher

Date

Have you submitted I-9 and W-4 forms to UM Western in the last 3 years?

Yes No

Dr. Adam Mastandrea, Director Office of Field Experience and Student Teaching

Date

Dr. Vikki Howard, Education Department Chair University of Montana Western

Date

Office of Field Experience ~ Box 122 ~ 710 S. Atlantic ~ Dillon, MT 59725 406-683-7636 ~ 406-683-7662 Fax

Return scanned documents to connie.beck@umwestern.edu.