

**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.

<b>1<sup>st</sup> Assignment: August 28 to October 18, 2024</b>	_____	_____
	WCU Student's Last Name	First
<b>2<sup>nd</sup> Assignment: October 21 to December 12, 2024</b>	_____	_____
	WCU Student's Last Name	First

*Please indicate "SAME" if student remains for the 2<sup>nd</sup> 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](mailto: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**