

**Northwest Missouri State University
College of Education and Human Services
Office of Educational Field Experiences**

COOPERATING TEACHER PAYROLL DATA SHEET

Please scan back to steach@nwmissouri.edu

1. Name: _____

2. Social Security Number: _____

3. Home Address: _____

4. School Phone: _____

5. Email Address: _____

6. Name of Student Teacher: _____

Student Teacher assignment: No. Hours Day: _____ No. Weeks: _____

Date: _____

Pay Stipend to: School _____ School District _____ Cooperating Teacher _____