



LEWIS-CLARK STATE  
— COLLEGE —

**Teacher Education Program  
On-Site Teacher Educator (OSTE)  
(*cooperating teacher*)**

**Professional Information Form**

**Semester:** \_\_\_\_\_

**Dear OSTE: Please take some time to COMPLETE ALL of the information below and submit to our Teacher Education Program. Email to: [education@lsc.edu](mailto:education@lsc.edu) or Fax to: (208) 792-2820.**

Your Name: \_\_\_\_\_

School: \_\_\_\_\_

District: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Email Address: \_\_\_\_\_

Grade level taught: \_\_\_\_\_

Subject Areas taught: \_\_\_\_\_

Elementary \_\_\_\_\_ Secondary \_\_\_\_\_

Current Certification/Endorsements: \_\_\_\_\_

Additional Subject Area Endorsements: \_\_\_\_\_

Number of years experience in the classroom: \_\_\_\_\_

Highest Degree Held: \_\_\_\_\_

Earned From: \_\_\_\_\_

Awards/Honors received and Professional Organizations memberships: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LCSC Student Intern Name:** \_\_\_\_\_

**LCSC Faculty Mentor:** \_\_\_\_\_