

**MENTOR TEACHER HONORARIUM INFORMATION**  
**WEST CHESTER UNIVERSITY**  
**Spring 2024 Semester: January 24 thru May 09, 2024**

**Please return honorarium form on or before Friday, April 5, 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.

**1<sup>st</sup> Assignment: January 24 to March 15, 2024** \_\_\_\_\_

WCU Student's Last Name	First
-------------------------	-------

**2<sup>nd</sup> Assignment: March 18 to May 09, 2024** \_\_\_\_\_

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 so'doherty@wcupa.edu](mailto:so'doherty@wcupa.edu)**  
**or if you prefer by mail to:**  
**West Chester University**  
**Attn: Susan O'Doherty**  
**Office of Clinical Experiences Wayne Hall**  
**125 West Rosedale Avenue, Suite 107**  
**West Chester, PA 19383**