Cooperating Teacher Stipend Forms

The attached 2 forms must be completed in order to expedite stipend payments.

1. Please complete the attached forms:
   a. Cooperating Teacher Agreement
   b. W-9

2. When completing the Cooperating Teacher Agreement, please fill it out in its entirety, being sure to check off the appropriate stipend box.
   a. If a student is with you for 2 semesters (full academic school year), please check off the first line for $400.00.
   b. If a student is only with you for 1 semester, please check off the second line for $200.00.
   c. If there are 2 teachers and the student is with you for 2 semesters (full academic school year), please check off the third line for $200.00.

3. When completing the W-9, please be sure to fill out the following sections:
   a. Name (line 1) *Note: Business Name (line 2) may be left blank*
   b. Line 3 (check for Individual)
   c. Address, City, State, and Zip Code (lines 5 - 6)
   d. Part I - Social Security Number
   e. Part II - Signature and Date
      i. Please use either an official electronic signature, or your signature in pen. A typed signature cannot be accepted.

4. When both forms are completed, please email them to jengler@ramapo.edu or mail to the following address:

   Dr. Jordana Pestrong Engler
   Teacher Education Program
   505 Ramapo Valley Road
   Room E-219
   Mahwah, NJ 07430

If you ever have questions on any of these forms, please feel free to reach out to Dr. Pestrong-Enger at jengler@ramapo.edu
Cooperating Teacher Agreement

Name of Cooperating Teacher ___________________________________________________________

Home Address (check will be mailed here) __________________________________________________

Cell Phone ____________________________    Work Email Address ___________________________

Name and Address of School _____________________________________________________________

Grade Level/Subject Area ________________________________________________________________

Name of Clinical Intern _________________________________________________________________

Semester(s) and Year of Placement ______________________________________________________

I agree to serve as a Cooperating Teacher in the location and for the dates as listed above

_______________________________________________________             _______________________
Legal Signature                                  Date

The person named above is serving as a Cooperating Teacher in the Teacher Education Program at
Ramapo College for the time indicated above.

_____ $400.00 (1 teacher, 2 semesters)

_____ $200.00 (1 teacher, 1 semester)

_____ $200.00 (2 teachers, 2 semesters)

Please return this form to Dr. Jordana Pestrong-Engler at jengler@ramapo.edu
Or mail to Dr. Pestrong-Engler
Teacher Education Program
505 Ramapo Valley Road
Mahwah, NJ 07430