



University of Northern Iowa

Teacher Education

Teacher Education Faculty Team Teaching Report

(Please complete one form for each different experience. One experience may include several teaching days.)

UNI Faculty Name: Department:

UNI email address: Office extension:

School District:

School:

Grade/Subject/Content Area:

Cooperating Classroom Teacher:

Briefly describe the team teaching experience:

Total number of classroom team teaching hours for this experience:

(Your Signature)

(Signature of Your Host/Team Member)

Date(s) of experience:

Date:

Send form to: CATS Office, Schindler Education Center 152, 0602, teachereducation@uni.edu