

OFFICE OF FIELD EXPERIENCES 300 POMPTON ROAD - VALLEY RM 3108  $\circ$  WAYNE, NEW JERSEY 07470-2103 973-720-3132/2108/3529  $\circ$  FAX 973.720.3503  $\circ$  WWW.WPUNJ.EDU

January 2011

**Dear Cooperating Teacher:** 

On behalf of the College of Education of William Paterson University, thank you for agreeing to serve as a cooperating teacher for one of our student teachers during the Spring 2011 semester. I appreciate your willingness to provide support and feedback to our student teachers as they experience first-hand the myriad responsibilities of teaching.

Two Cooperating Teacher Workshops have been scheduled for Spring 2011 during both there will be a reception and you will have the opportunity to participate in:

Workshop I: "The Role of the Cooperating Teacher in Supporting the Student Teacher"

Dr. Anthony Coletta

Wednesday, February 9, 2010, 4:00 p.m. - 6:00 p.m.

Valley Road Campus – Room 3019

(an introduction for new and returning Cooperating Teachers)

This workshop will examine ways in which cooperating teachers can assess and promote competency in their dual role as mentor and evaluator.

Workshop II: "Helping Student Teachers Include Instructional Strategies into the WPUNJ Lesson Plan Format"

Dr. Anthony Coletta

Wednesday, March 2, 2011, 4:00 p.m. - 6:00 p.m.

Valley Road Campus - Room 3019

(open to all Cooperating Teachers)

This is our opportunity to meet with you and express our appreciation for your efforts on behalf of our students during the semester. Please use the enclosed form to indicate whether you will be able to attend. Return it by February 4, 2011 in the enclosed envelope. Please call (973)720-3529 if you have any questions.

Thank you again for working with us. I look forward to meeting you at our workshop.

Sincerely,

Nancy Norris-Bauer, Director Office of Field Experiences

Enc.

cc: Dr. Candace Burns - Dean

Nancy Nous-Bower

Dr. Dorothy Feola - Associate Dean

## PLEASE RETURN <u>ONLY</u> IF YOU PLAN ON ATTENDING ONE OR BOTH WORKSHOPS

Please complete all information as we will use this information for Professional Development Certificates Date: \_\_\_\_\_ Cooperating Teacher's Name: School \_\_\_\_\_ District\_\_\_\_\_ \_\_\_\_\_ Subject\_\_\_\_ Mailing Address: Telephone No.: Email: Workshop I: I will \_\_\_\_\_ will not \_\_\_\_\_ be able to attend the Cooperating Teacher's Workshop on Wednesday, February 9, 2011 Workshop II: I will \_\_\_\_\_ will not \_\_\_\_ be able to attend the Cooperating Teacher's Workshop on Wednesday, March 2, 2011 YOU CAN ALSO RSVP BY E-MAILING: Maryellen Tanis at tanism@wpunj.edu.