



OFFICE OF FIELD EXPERIENCES  
300 POMPTON ROAD - VALLEY RM 3108 ◦ WAYNE, NEW JERSEY 07470-2103  
973-720-3132/2108/3529 ◦ FAX 973.720.3503 ◦ [WWW.WPUNJ.EDU](http://WWW.WPUNJ.EDU)  
August 2010

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 Fall 2010 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 Fall 2010 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, September 29, 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: “Supporting Student Teachers in the Use of Twenty-First Century Skills”**

**Dr. Anthony Coletta**

**Wednesday, October 13, 2010, 4:00 p.m. - 6:00 p.m.**

**Valley Road Campus – Room TBA**

(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 if you will be able to attend. Return it by September 22, 2010 in the enclosed envelope. (Practicum Cooperating Teachers, please return ASAP). 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  
Dr. Dorothy Feola

Date: \_\_\_\_\_

Cooperating Teacher's Name: \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

Grade Level \_\_\_\_\_ Subject \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE RETURN ONLY IF YOU PLAN ON ATTENDING  
ONE OR BOTH WORKSHOPS**

**Workshop I: I will \_\_\_\_\_ will not \_\_\_\_\_ be able to attend the Cooperating Teacher's  
Workshop on Wednesday, September 29, 2010**

**Workshop II: I will \_\_\_\_\_ will not \_\_\_\_\_ be able to attend the Cooperating Teacher's  
Workshop on Wednesday, October 13, 2010**

**YOU CAN ALSO RSVP BY E-MAILING THE ABOVE INFORMATION TO:  
Maryellen Tanis at [tanism@wpunj.edu](mailto:tanism@wpunj.edu).**