

# McLennan Community College



## Alternative Teacher Certification Program

I, \_\_\_\_\_ have viewed the Cooperating School  
(Name)

Mentor PowerPoint Presentation (*14 weeks at a glance*) and have read the *Clinical Teaching Handbook*. I understand my role and responsibilities as a Cooperating School Mentor. I agree to abide by the policies set forth by the Alternative Teacher Certification Program. I will receive a payment stipend of \$250 for my role as Cooperating School Mentor. Payment of this stipend is contingent upon the completion of all paperwork/clinical teacher evaluation forms as well as timely submission of all paperwork required by McLennan Community College Human Resources.

\_\_\_\_\_  
*Cooperating School Mentor Signature*

\_\_\_\_\_  
*Date*

Please return this form by mail to:

Alternative Teacher Certification  
McLennan Community College  
1400 College Drive  
Waco, Texas

Or

Fax to; 254.299.6227