



Office of Professional Laboratory Experiences
Department of Curriculum and Instruction
College of Professional, Educational, and Graduate Studies

DATA ON UNIVERSITY SUPERVISORS

Please supply all applicable information requested on this form and return it immediately to the Office of Professional Laboratory Experiences. A fax is acceptable 318-274-3346).

Date: _____

Name: _____ **Social Security#:** _____

Email: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Name of School: _____

School Address: _____ **Tele. #** _____ **Fax #:** _____

City: _____ **State:** _____ **Zip:** _____

Parish: _____ **Principal:** _____

Highest Certificate Type: _____ **Field:** _____

Teaching Field: _____ **Years of Experience:** _____

Areas of Certification: _____ **Mentor Certification:** _____

National Board Certification: Yes _____ No _____

Teaching Experience in Elementary/Secondary:

<u>When</u>	<u>Where</u>	<u>Grade Levels</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit Hours Received in Supervision of Student Teaching _____ When Earned _____

Mentor Training: _____ YES _____ NO

*Producing knowledgeable, skilled, & compassionate educators and other school professionals
"Where everybody is somebody"*

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