University Supervisor/Cooperating Teacher Recommendation for Teacher Certification

Please submit this form with the Final Evaluation form at, or near, the conclusion of student teaching or intern experience.

1. Student Name ____________________________________________________________
2. School(s) __________________________________________________________________
3. Length of Assignment: 9 weeks _____ 18 weeks _____
4. Subject(s) Taught: __________________________________________________________________
5. Grade Level(s): __________________________________________________________________
6. Estimated # of days absent: ______ Estimated # of days tardy: ______

Cooperating Teacher Only

My overall assessment of this student teacher/intern (Choose One):

___________ I highly recommend that this student be considered for licensure.

___________ I recommend that this student be considered for licensure.

___________ I recommend with reservations that this student be considered for licensure. Please identify your concerns below.

___________ I do not recommend that this student be considered for licensure. The student needs to meet the following conditions to receive a positive recommendation for licensure from me.

Comments/Recommendations:

Signature of Evaluator __________________________________________________________ Date ______________

RETURN TO: Education Office University of Wisconsin-Green Bay 2420 Nicolet Drive Green Bay, WI 54311-7001