

UNIVERSITY OF WISCONSIN – GREEN BAY
Professional Program in Education

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