

INDIANA UNIVERSITY SCHOOL OF EDUCATION
Student Teaching/Practicum Final Recommendation
University Supervisor Form

I do _____ do not _____ want this evaluation uploaded to my IU EdCareers account (check one)

Student's Signature _____

Student's Name _____ Date _____
 (Please Print)

PLEASE TYPE

This narrative should be reasonably detailed, complete, and accurate, including reference to specific examples of the student teacher's skills. It should address the student teacher's abilities and readiness in *all* aspects of teaching. If there are areas for improvement, these also need mentioning. **This summary represents your recommendation of the student teacher's potential as a member of the profession.**

University Supervisor Name _____ | Student's Grade (S/F) _____
 (Please Print)

| M420 Student Teaching Seminar (if applicable) (S/F) _____

University Supervisor Signature: _____

Copies sent to: Office of Student Teaching, University Supervisor, Student, Supervising Teacher