

INDIANA UNIVERSITY SCHOOL OF EDUCATION
Student Teaching/Practicum Final Recommendation
Supervising Teacher Form

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

Student's Signature _____

Student's Name (please print) _____ Date _____

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.**

Supervising Teacher Name _____ | Subject _____

Supervising Teacher Signature _____ | Grade Level _____

School Name _____ | School Corporation _____

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