



Name _____ ID# _____

Semester/Year: _____

CALIFORNIA STATE UNIVERSITY SAN MARCOS
School of Education
EDMX 671/672/673/674 Education Specialist Internship

Education Specialist Interns are observed by a university professor (University Supervisor), a district support provider (Intern Support Provider). A conference of the above designated individuals and the teacher candidate resulted in the following summary statement. All participants contributed to this statement. This summary becomes a part of each Intern's University file. Interns need a copy of this statement.

Please include the following areas in writing to support your recommendation: 1) A brief description of classroom or school setting; 2) Performance and growth during the Internship experience; 3) Any area of special competence; 4) Additional comments or recommendations.

University Supervisor Signature

Print Name of University Supervisor

Intern Support Provider Signature

Print Name of Intern Support Provider

Intern Signature

Print Name of Intern

Grade/Subject Area

Semester

School

District