

SCHOOL OF EDUCATION

PERMISSION TO COMMUNICATE ACADEMIC AND DISPOSITIONAL GROWTH AND DEVELOPMENT CREDENTIAL AND MASTER COURSES / CLINICAL PRACTICE

The School of Education considers many aspects of a person's continuation in credential and degree programs and placement in clinical practice experiences. In order to fairly evaluate teacher candidates and support their preparation for careers in education, we use a variety of data to gain a sense of the academic and professional performance of the teacher candidate. To protect the teacher candidate's right to privacy, we seek your permission to freely communicate to program coordinators and faculty about your progress in a program course or clinical practice. If for any reason you do not wish such information to be shared, please indicate below.

Check one:	
I give my permission for instructors to communicate concern and development during my enrollment at California State U	ning my academic and/or professional performance University San Marcos.
I do not give my permission for instructors to communicate of performance and development during my enrollment at Calif	
*In the event the teacher candidate does not want to have her/his info coordinators, instructors in prerequisite courses will share feedback a College of Education, Health, and Human Services.	
TEACHER CANDIDATE NAME:	
(PLEASE PRINT)	
Teacher Candidate Signature	Date
Student ID #	Semester Entering Program (EX: Fall 2016)
Credential/Master Program (EX: Multiple Subject, Single Subject, etc.)	