



SCHOOL OF EDUCATION

# CLINICAL PRACTICE IN ELEMENTARY SCHOOLS I

## Multiple Subjects Credential Program

\_\_\_\_\_  
*Teacher Candidate Name*

\_\_\_\_\_  
*ID Number*

\_\_\_\_\_  
*Semester / Year*

Teacher candidates are observed by a university professor (University Supervisor), a site teacher designated to coordinate clinical practice at the school and the teacher/s in whose classroom/s the teacher candidate worked (Cooperating Teacher/s). A conference of the above designated individuals and the teacher candidate resulted in the following summary statement. All participants contributed to this statement. The summary will become a part of the teacher candidate's University file. Candidates will 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 Clinical Practice Experience; 3) Any area of special competence; 4) Additional comments or recommendations.

\_\_\_\_\_  
*Teacher Candidate Signature*

\_\_\_\_\_  
*Print Name of Teacher Candidate*

\_\_\_\_\_  
*Cooperating Teacher Signature*

\_\_\_\_\_  
*Print Name of Cooperating Teacher*

\_\_\_\_\_  
*University Supervisor Signature*

\_\_\_\_\_  
*Print Name of University Supervisor*

\_\_\_\_\_  
*Grade/Subject Area*

\_\_\_\_\_  
*Semester*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*District*