

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 too should be mentioned. **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** _____