

Final Record of Student Teaching/Internship Experience

Part I – Final Record of Student Teaching / Internship Contact Information (Student completes this section)

Name _____

Address of where you can be reached after graduation. Please include city, state and zip.

If, after graduation, a school district requests a list of recent graduates for possible substitute or full time teacher vacancies, would you like to be notified? If so, please give your phone number and e-mail. ***Do not use DU e-mail unless you are a continuing student.**

Phone Number _____ E-Mail _____

Part II – Final Record of Student Teaching / Internship Assignment (Student completes this section)

Student Teaching Dates:

From _____ To _____

Part III – Final Recommendation (signed by University Supervisor and Cooperating Teacher)

Recommendation by Cooperating Teacher ___ Pass ___ Not Pass

Signature _____ Date _____

Recommendation by University Supervisor ___ Pass ___ Not Pass

Teacher Candidate Overall PDE430 Rating _____

Signature _____ Date _____

Comments