**Secondary Teacher Education Program**

**Recommendation for Licensure**

**Spring 2020**

Date:

Student Teacher Name:

Content Area:

Cooperating Teacher Name:

School:

The following recommendation has been made based on the observations of the teacher candidate's performance in field experiences:

\_\_\_\_ Recommend Licensure

 \_\_\_\_ DO NOT recommend Licensure

COMMENTS:

Supervisor:

Date: