



SCHOOL OF EDUCATION
OFFICE OF CLINICAL EDUCATION & PROFESSIONAL CERTIFICATIONS

Student Name: _____

Semester: _____ **Year:** _____ **Grad:** **Undergrad:**

Major: _____

Brentwood Campus **C. W. Post Campus** **Rockland Campus**

You are asked to evaluate the above named student as a prospective student teacher. This evaluation will be used as part of the Clinical Education office file only. Please email this completed form back to our department. If you wish to share this recommendation with the student, feel free to email a copy to the student. *Thank you.*

Evaluative Statement

Name: _____ **Date:** _____

Relation to Applicant : _____

Address _____

City: _____ **State:** _____ **Zip Code:** _____