

**Walsh University**  
***Division of Education***  
**Pre-Clinical Semester**  
**Student Teaching Recommendation**

Directions: The cooperating teacher is required to complete this form. **Please return it to the candidate in a sealed envelope.**

Semester \_\_\_\_\_

Student Teacher's Name \_\_\_\_\_

Student Teaching Site \_\_\_\_\_  
District Building

Choose One

[ ] **I recommend** this candidate move forward to the Clinical (Student Teaching) semester.

[ ] **I recommend (with conditions)** this candidate move forward to the Clinical (Student Teaching) semester.

Please describe the area(s) of concern so the Division of Education can address them with the candidate prior to the start of Clinical (Student Teaching).

[ ] **I do not recommend** this candidate move forward to the Clinical (Student Teaching) semester.

Submitted By \_\_\_\_\_  
Print First and Last Name

Signature \_\_\_\_\_ Date \_\_\_\_\_