TEACHING PRACTICUM I CULMINATING CONFERENCE FORM

Credential Candidate: _____ Date: _____

University supervisors and Cooperating Teachers: see directions for completing this form on the "Form" description page.

Comments on Self-Evaluation Form and Areas of Strength
Future Growth Areas

Recommendation: Based on this conference, our knowledge of, and our current association with the credential candidate, we *(check one)*

π **recommend** π **conditionally recommend** π **do not recommend** advancement to full candidacy in the program and authorization to register for Teaching Practicum II (with adviser approval).

_____ _____

Signed, University Supervisor Signed, Cooperating Teacher

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Signed, Credential Candidate