

**School and Community Experiences**

**Early Childhood Teacher Education Program**

**Recommendation for Licensure**

Date:

Student Teacher Name:

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: