RECOMMENDED GRADE FOR STUDENT TEACHING

For

____________________________________________
(Name of Student)

at

_____________________________________
(Name of School)

Based upon my responses on the Final Evaluation for Student Teaching (Form D) and on the Guidelines for Grading Student Teachers found in the Student Teaching Handbook, I recommend the following grade for the student teaching experience.

A  A-  B+  B  B-  C+  C  C-  D+  D  D-  F

(Please circle one)

Name: ____________________________________________
Cooperating Teacher
Clinical Supervisor  (circle one)
Academic Supervisor

Signature: ____________________________________________

Date: ______________________________

Please return this form along with Form D to:

Mr. Ralph DiMarino
Director of Field Experiences
Siena College Education Department
515 Loudon Road
Loudonville, NY  12211
Fax: 782-6571