

**OFFICE OF CAREER PLANNING
SUNY Potsdam
S106 Sisson Hall
Potsdam, NY 13676**

RECOMMENDATION FOR TEACHING FORM

Supervisors and sponsor teachers complete and return this Form to the address above immediately upon conclusion of student's experience. All recommendations must be typed on this Form or on a separate attached sheet. Sponsor teachers may use the school district's stationery.

Student Teacher: _____
Grade Level/Subject: _____
District and School: _____
Semester/Year: _____

Printed Name: _____
Signature: _____
Circle Position: Supervisor Sponsor
Phone: _____
Date: _____