

**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: \_\_\_\_\_