

Unsatisfactory Completion of: (check one)

**Practicum**    **Clinical**    **Student Teaching**

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Student: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Cooperating Teacher: \_\_\_\_\_ University Supervisor: \_\_\_\_\_

Placement (district/school/program): \_\_\_\_\_

Beginning and ending dates of placement: \_\_\_\_\_

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Specific Reasons for the: (check one)    Removal    Incomplete    Failure

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Does the cooperating teacher agree with the placement decision?

Yes

No

Explanation: \_\_\_\_\_

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In your opinion, should this student continue in the Professional Education Program?

Yes.

To continue in the UW Oshkosh Professional Education Program, what specific weakness(es) must the student overcome?

**Plan for Overcoming Weaknesses:** (May attach document)

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**Suggested Timeline** for continuation of the licensure program:

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No. Explain.

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Supervisor Signature

Date

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Student Signature

Date

*\*Copies of this form should be given to the student, Department Chair, and the Field Experience Office.*