

University of Wisconsin Oshkosh
College of Education and Human Services



Unsatisfactory Completion of: (check one)

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

Student: _____ Major/Minor: _____

Cooperating Teacher: _____ University Supervisor: _____

Placement (district/school/program): _____

Beginning and ending dates of placement: _____

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

Does the cooperating teacher agree with the placement decision?

Yes

No

Explanation: _____

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)

Suggested Timeline for continuation of the licensure program:

No. Explain.

Supervisor Signature

Date

Student Signature

Date

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