

BRESCIA UNIVERSITY
SCHOOL OF EDUCATION

CLINICAL PRACTICE FINAL EVALUATION NARRATIVE

Clinical Practice Candidate _____ Date _____

Please provide a detailed appraisal of your Clinical Practice Candidate's performance over the past several weeks. This evaluation should include strengths and areas for growth and will become part of their permanent record in Brescia's School of Education. If possible, please use this form for your word processed narrative evaluation. Your evaluation must be signed and dated. If you cannot use this form, please attach whatever you develop and be certain to sign and date both papers; including the identifying information at the bottom of this form.

Cooperating Teacher

Date

School

City/State/Zip

Please submit Final Evaluation forms
EDU #14, #15, and EDU #25A the
Clinical Practice Portfolio
Evaluation form in the provided envelope
and mail to:

Chair,
School of Education
Brescia University
717 Frederica Street
Owensboro KY 42301

NOTE: Before transmitting all three evaluation forms (EDU #14, #15, & #25A) via candidate or mail, please check that each evaluation has been signed and dated and a recommendation of PASS/FAIL is indicated.