



CERTIFICATE OF STUDENT TEACHING

Date: _____

Mr.
Ms. _____ has completed a program of student
(student teacher's name)

teaching at _____ in _____
(school)
_____ School District.

The student teaching experience was in _____
(teaching field)

with particular emphasis on _____.
(grade level(s), courses taught)

The student teacher completed _____ clock hours of classroom teaching (A minimum of 90 is required).

The student teacher completed _____ clock hours of non-instructional activities including observations (A minimum of 60 is required).

Signature of Cooperating Teacher #1

Signature of Cooperating Teacher #2 (if applicable)

CERTIFICATION CANNOT BE PROCESSED WITHOUT THIS FORM!