

COLLEGE OF EDUCATION WINTHROP UNIVERSITY

Supportive Documentation of Youth Experience

To be completed by the Teacher Candidate:

Name: _____

ID Number: _____

Major: _____

Identify Placement: _____

Please describe setting and experience: _____

To be completed by the Practitioner/Supervisor:

The above student has successfully completed _____ hours of supervised experience with age-appropriate youth. Please assess the student's success during his/her placement.

_____ Satisfactory

_____ Unsatisfactory

Signature

Date

Position/School

****Successful completion of the Teacher Cadet Program in high school counts as the required 25-hour Youth Experience.**

If you have additional comments, please note them on the reverse side.

**This form should be returned to:
Student Academic Services
144 Withers
Richard W. Riley College of Education**

SAS 6-00 (Revised 9/6/00)