



WAYNE STATE

College of Education

Division of Academic Services

EVALUATION OF GROUP WORK WITH CHILDREN/YOUTH (40 hours)

This form is required if you have not completed TED 2250 at Wayne State within the past five years.

This form must be completed by at least one supervisor verifying your experiences with children/youth.

STUDENT INFORMATION (To be completed by the student)

Last Name:	First Name:	Access ID:
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The above individual has applied for admission to the College of Education Professional program. Please rate this person's potential as a future teacher based on the work he/she carried out with children/youth, using the following scale. Also indicate the total amount of hours the student participated in group work:

Low					High
	1	2	3	4	5

Total Number of Hours

Please explain your reason(s) for this rating. Include a brief description of the work completed by the student.

EVALUATOR INFORMATION (To be completed by the evaluator)

Last Name:	First Name:	
Title:	Organization:	
Email:	Phone:	
Address:		
City:	State:	Zip Code:
Signature (REQUIRED):		Date: