Francis Marion University

School of Education

**INTERNSHIP CERTIFICATE REFERENCE FORM**

**DATE NAME OF TEACHER CANDIDATE**

|  |  |
| --- | --- |
| **Name of Reference:** | **School:** |
| **Title:** | **Phone:** |

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| **What was your relationship with the candidate and/or in what course did you work with the candidate?** |
| **What dates did you work with/supervise the candidate?** |
| **What strengths would you identify regarding the candidate’s work?** |
| **What weaknesses would you identify regarding the candidate’s work?** |
| **Have you observed the candidate teach? If yes, please provide a description of his/her instructional abilities.** |
| **How would you describe this candidate’s ability to manage a classroom without direct supervision?** |
| **Additional Comments:** |