



UNIVERSITY OF MIAMI ASSOCIATE TEACHER FINAL ASSOCIATE TEACHING REPORT

Date:	<input type="text"/>	Student Name:	<input type="text"/> Last Name First Name
Student ID #:	<input type="text"/>	School:	<input type="text"/>
Subject or Grades Taught:	<input type="text"/>	Professor-in-Residence/ Supervisor:	<input type="text"/> Last Name First Name
Clinical Teacher:	<input type="text"/> Last Name First Name		<input type="text"/> Last Name First Name
For the	<input type="checkbox"/> FALL <input type="checkbox"/> Spring Semester, 20		Final Grade <input type="text"/>

GENERAL EVALUATION

(Supply a short narrative to support the final grade using the accomplished practices and ESOL competencies as a format. Include general comments regarding student performance.)

Clinical Teacher's Comments:

(Signature)

Professor-in-Residence/Supervisor's Comments:

(Signature)