



3. Other comments you wish to make:

Thank you for mentoring and helping to evaluate this student's performance. The student will also be evaluated on other course assignments. Would your program be willing to supervise another Literacy Studies Practicum Student?

Yes            No

(Student Signature)

(Date)

(M#)

(On-Site Supervisor Name)

(On-Site Supervisor Signature)

(Date)

(On-Site Supervisor Title)

(Practicum Site)

(On-Site Supervisor Phone Number)

(Site Address)

(On-site Supervisor E-mail Address)

(Site Address)