

Wilmington University
College of Education

TO BE COMPLETED BY A PHYSICIAN OR HEALTH CARE PROVIDER

Dear Physician/Health Care Provider:

This candidate is applying to enroll in student teaching. This is the long-term, school-based, supervised field experience that occurs at the end of a teacher preparation program. A student teacher is required to assume an active role in the instruction of children/youth over a period of several months. In addition to the technical and intellectual abilities required, a student teacher must also possess the physical stamina and emotional stability required of a classroom teacher.

Due to the length of the experience and the level of responsibility that must be assumed, all student teachers must be screened before they are given final approval to begin working in schools. The **Health Certificate** below is part of the screening process. Thank you for your assistance.

HEALTH CERTIFICATE FOR TEACHER PREPARATION STUDENTS

This is to certify that the applicant, _____, has been examined and is known by me to be free from any physical or emotional condition that might interfere with his/her success as a student teacher.

Restrictions: _____

Date _____ Signed _____

For identification, the health care provider signing this certificate should also sign the top of his/her prescription form or letterhead. Please return the signed certificate to the applicant, or mail directly to:

Dr. Sylvia J. Brooks, Regional Chair
Office of Clinical Studies
Wilmington University
320 duPont Highway
New Castle, DE 19720

telephone: (302) 356-6978
e-mail: sylvia.j.brooks@wilmu.edu
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Dr. Marshá T. Horton, Regional Chair
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HEALTH CERTIFICATE MUST BE SIGNED BY A HEALTH CARE PROVIDER