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.

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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  Dr. Marshá T. Horton, Regional Chair
Office of Clinical Studies Office of Clinical Studies
Wilmington University Wilmington University
320 duPont Highway 3282 N. duPont Hwy. Bldg. B.
New Castle, DE  19720 Dover, DE 19901

telephone: (302) 356-6978  telephone: (302) 342-8622
e-mail: sylvia.j.brooks@wilmu.edu  email: marsha.t.horton@wilmu.edu
fax: (302) 328-5247  fax: (302) 734-1331

HEALTH CERTIFICATE MUST BE SIGNED BY A HEALTH CARE PROVIDER