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 ____________________________

IMPORTANT PLEASE READ THE FOLLOWING:

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:

Mr. Tyler Wells, Chairperson
Office of Clinical Studies
Wilmington University
3282 N. DuPont Hwy. Bldg. B
Dover, DE 19901

Telephone: (302) 342-8604
Fax: (302) 734-1331
E-mail: tyler.a.wells@wilmu.edu

HEALTH CERTIFICATE MUST BE SIGNED BY A HEALTH CARE PROVIDER