

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
Division of Special Education and Counseling

Grade Verification Form

Date _____

Student Name _____

CIN _____

Credential Specialization Area: ECSE M/M M/S PHI VI

This grade verification form should be completed and returned to the division of Special Education and Counseling in KH C1064 at least two weeks before the close of the current semester. No assignments will be made if verification forms are not turned in prior to week 14.

INSTRUCTOR VERIFICATION DIRECTIONS

The above candidate has applied for a Special Education fieldwork assignment. One of the prerequisites is a grade of C or better in all credential courses. Please indicate below if the candidate is likely to receive a grade of C or better in your course.

| Course | Grade of C or Better Must Circle | Instructor Name | Instructor Signature |
|--------|-------------------------------------|-----------------|----------------------|
| | YES NO | | |
| | YES NO | | |