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**Department Chair or Team Leader  
Recommendation/Letter for Internship Waiver****Graduate School of Education  
George Mason University**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Student Identification Number \_\_\_\_\_

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**To be completed by a building level special education professional or area supervisor such as a department chair or team leader:****Please evaluate the student on the following criteria:**

Area of evaluation	Inadequate Opportunity to Observe	Below Average	Average (Successful)	Above Average	Superior
Proficient in reading, written and oral communications					
Understands the general content area curricula					
Designs appropriate learning and performance accommodations and modifications for students with disabilities					
Has a solid knowledge base in the subject matter content sufficient to assure the students can meet state curriculum standards.					

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**Complete the following letter:**

Based on the above evaluation I am requesting that George Mason University waive one of the two-credit hour internship requirements as part of the licensure program for

\_\_\_\_\_. I can verify that \_\_\_\_\_

was observed successfully teaching at the \_\_\_\_\_ level in the

following disability area(s)\_\_\_\_\_.

Signature \_\_\_\_\_

Special Education Department Chair or Team Leader