



Western Oregon
UNIVERSITY

SPECIAL EDUCATION PROGRAMS
Master's Degree Final Evaluation Report

For those candidates who complete a Professional Portfolio as the capstone activity of their Master's degree, the oral defense committee will complete this exit requirement form.

Name of candidate: _____ Date of report: _____

I: Professional Portfolio

Level of performance: ☐ Exceptional
☐ Satisfactory
☐ Unsatisfactory

II: Oral Defense

Level of performance: ☐ Exceptional
☐ Satisfactory
☐ Unsatisfactory

The oral defense committee has met with the candidate for a final evaluation in which all aspects of the candidate's program were reviewed. The committee's final recommendation is:

☐ Degree should be awarded
☐ Degree should not be awarded (*Specify remedial activities or alternative below.*)

Committee Chair:

Name: _____
Print/Type Signature Date

Committee Members:

Name: _____
Print/Type Signature Date

Name: _____
Print/Type Signature Date