

COOPERATING TEACHER EVALUATION OF COLLEGE SUPERVISOR

Department: _____

Name of College Supervisor (CS): _____

Your name and school: _____

Quarter(s) 1 2 3 4 (please circle) Year 200 ____

Date of evaluation: _____

Please give this evaluation in a sealed envelope to the CS at the final conference. We appreciate your input on this important aspect of the student teaching experience.

1. The CS conducted an initial 3-way conference, clarifying expectations for CS, Cooperating Teacher (CT), and Student Teacher (ST). _____ yes _____ no
2. The CS conducted at least _____ formal observations, with written feedback for the ST. _____yes
_____ no
3. The CS conducted a final conference with the CT and the ST, serving as an evaluation of ST performance.
_____ yes _____ no
4. I would be willing to work with this CS again with another ST.
_____ yes _____ no

Please use the following ratings and check the appropriate column.
 3 – Above Average 2 – Average 1 – Needs Improvement 0 – Unsatisfactory
 NA – Not applicable or no opportunity to observe

5. Degree to which I was made aware of CS's expectations of me and my role as CT:

3	2	1	0	NA

6. The CS was a visible presence in the schools and followed building rules and regulations regarding visitors.

3	2	1	0	NA

7. The CS fulfilled all stated responsibilities in a timely and professional manner and served as a positive link between the school and the college.

3	2	1	0	NA

8. The CS had a positive and beneficial relationship with the ST.

3	2	1	0	NA

9. The CS conferred with the CT on a biweekly or as needed basis.

3	2	1	0	NA

10. Comments or suggestions for improving the performance of the CS and relationship with the CT:

11. Comments or suggestions for improving this form:

Signature: _____
(Cooperating Teacher)