

Name _____ Semester _____ I.D.# _____

School _____ Subject _____ Grade(s) _____

Cooperating Teacher _____ Univ. Supervisor _____

Part A. Please rate the student teacher as being satisfactory (S), in need of improvement (NI), or not satisfactory (NS) on the following items. The student teacher:

1. Was punctual and present on a regular basis.	NS	NI	S
2. Focused on effective instruction as evidenced by student learning.	NS	NI	S
3. Was reflective on teaching practice and willing to improve instructional techniques to ensure student learning.	NS	NI	S
4. Was professional in conduct and appearance.	NS	NI	S
5. Responded positively to direction from the university supervisor and master teacher.	NS	NI	S

PART B. Indicate the student teacher's strengths and areas needing improvement based on your overall assessment of the student's progress. You may consider evidence in the classroom, your own observations, and the student's own reflections.

1. Engaging & Supporting All Students in Learning
2. Creating & Maintaining Effective Environments for Student Learning
3. Understanding and Organizing Subject Matter for Student Learning
4. Planning Instruction & Designing Learning Experiences for All Students

5. Assessing Students for Learning
6. Developing as a Professional Educator

PART C. Based on the Teacher Candidate's current progress in EHD 155B, we have determined that:

_____	The teacher candidate has developed the Teacher Performance Expectations (TPEs) necessary to pass EHD 155B. The student will receive a grade of CREDIT for EHD 155B.
_____	The teacher candidate has not developed the Teacher Performance Expectations (TPEs) necessary to complete EHD 155B and will not receive credit for EHD 155B. See the section on <i>Retaking Field Placement Courses</i> , located in the EHD 155B Syllabus.

University Supervisor Comments:

Univ. Supervisor Signature

Cooperating Teacher Signature

Student Confirmation: I have reviewed this evaluation with my University Supervisor and I understand that I must provide a copy to my Academic Advisor before the end of the current semester: Academic Advisor Name: _____

_____ I accept this evaluation or, _____ I wish to submit an addendum.

Student Signature _____ Date _____