

**California State University, Fresno
Internship Credential Program**

**Semester 1 Evaluation
EHD 155A or 155B**

Name _____ Semester _____ I.D.# _____

School _____ Subject _____ Grade(s) _____

Mentor Teacher _____ Univ. Supervisor _____

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

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 mentor teacher.	NS	NI	S

PART B. Indicate the Intern's strengths and areas needing improvement based on your overall assessment of the his/her progress. You may consider evidence in the classroom, your own observations, and the Intern'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 Intern's current progress, we have determined that:

_____ The Intern is making satisfactory progress, may continue into the next semester of the Internship Credential Program, and will receive CREDIT.
_____ The Intern is not making satisfactory progress and will not receive course credit. Intern will need to contact the Director of the Internship Credential Program to determine next steps.

University Supervisor Comments:

Univ. Supervisor Signature

Mentor 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 Department Coordinator before the end of the current semester: Academic Dept. Coordinator Name: _____

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

Student Signature _____ Date _____