

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

**Semester 2 Evaluation  
EHD 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 master 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 progress in EHD 155B, we have determined that:

\_\_\_\_\_ The Intern has developed the Teacher Performance Expectations (TPEs) necessary to pass EHD 155B and will receive CREDIT.

\_\_\_\_\_ The Intern has not developed the Teacher Performance Expectations (TPEs) necessary to complete EHD 155B and will not receive credit for EHD 155B. 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 \_\_\_\_\_

Updated 10/2016