



Division of Education  
Office of Certification and Field Experience

STUDENT:	_____	DATE:	_____
COOPERATING TEACHER:	_____		
SUBJECT/GRADE/ PROFESSOR:	_____		
SCHOOL/DISTRICT:	_____		
COLLEGE SUPERVISOR:	_____		

**THE STUDENT INTERN: (check one)**

	<u>Obs.</u>	<u>Not Obs.</u>	<u>N/A</u>
Shows enthusiasm for student teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is punctual throughout the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses correct and effective English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in professional growth (note taking, interactions, initiative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in acquiring knowledge in content areas, instructional strategies, and classroom management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an awareness of school and classroom policies and routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an interest and/or readiness to plan and teach subject/grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is learning students' names and individual needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes differences in developmental levels of diverse learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is becoming familiar with multiple teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses time to advantage, shows initiative, and is responsive to requests for participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with individual students and/ or small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts positively with colleagues/others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in formal and informal student assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicates an awareness of the importance of self-assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is aware of, and respectful of social, gender, cultural, and ethnic differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in educational dialogue with College Supervisor during conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GRADE: (check one)    A     B     C     D     F

**TOTAL NUMBER OF STUDENT OBSERVATION HOURS:** \_\_\_\_\_

COLLEGE SUPERVISOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT INTERN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PROFESSOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Two (2) observation forms need to be submitted to the Director one (1) week prior to the end of the semester.  
**Comments may be placed on the back of this evaluation form.**