



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)

	Obs.	Not Obs.	N/A
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"/>

TOTAL NUMBER OF STUDENT OBSERVATION HOURS: _____

COOPERATING TEACHER'S SIGNATURE: _____ **DATE:** _____

STUDENT INTERN'S SIGNATURE: _____ **DATE:** _____

PROFESSOR'S SIGNATURE: _____ **DATE:** _____

One (1) observation form needs to be submitted to College Supervisor one (1) week prior to the end of the semester.
Comments may be placed on the back of this evaluation form.