



SCHOOL OF EDUCATION - OFFICE OF CLINICAL PRACTICE - FIELDWORK &
STUDENT TEACHING
160 CONVENT AVENUE - NAC BUILDING - ROOM 6/207A, NEW YORK, N.Y. 10031
Tel. (212) 650-6915 / FAX (212) 650-5379

Cooperating Teacher's Evaluation of the Student Teacher

Candidate's Last Name _____ First _____ ID (Last 4 digits) _____

Program _____ Semester _____ Year _____ Und _____ Grad _____

Cooperating Teacher's Name _____ Class _____ School or Site _____

To the Cooperating Teacher: The City College of New York's School of Education would appreciate your assistance with the assessment of our candidate's performance and/or dispositions during student teaching. Please complete this form and mail or fax it to our office. Circle the appropriate rating: 4=Highly Effective (Consistently); 3=Effective (Often); 2=Developing (Sometimes); 1= Ineffective (Rarely or Never) or N/O= (Not able to observe) for each of the criteria listed below.

The above candidate:

1. Was respectful and fair to students, staff and parents	4	3	2	1	N/O
2. Was dependable and punctual	4	3	2	1	N/O
3. Respected individual and/or cultural differences	4	3	2	1	N/O
4. Acted in a professional manner	4	3	2	1	N/O
5. Demonstrated a caring attitude toward students	4	3	2	1	N/O
6. Demonstrated content knowledge and appropriate teaching skills	4	3	2	1	N/O
7. Demonstrated the ability to use various tools to assess for students' learning	4	3	2	1	N/O
8. Demonstrated the use of technology in the classroom (e.g. PowerPoint, Internet, SMART Board, etc.)	4	3	2	1	N/O
9. Demonstrated the personal and professional qualities that indicate his/her readiness to become a teacher	4	3	2	1	N/O
10. Demonstrated the belief that all students can learn	4	3	2	1	N/O

Please provide any comments below, especially if a criterion received a rating of 1 (Ineffective).

Thank you for your participation as a Cooperating Teacher for our student teacher candidate.

Cooperating Teacher's
Signature _____ Date _____

School Phone # _____ Cell # _____ E-Mail _____