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__________________________

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