

The City College of New York

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 FIELDWORK STUDENT

Candidate's Last Name _____ **First** _____ **Student ID** _____

Course Number _____ **Semester** _____ **Year** _____ **UG** _____ **GRAD** _____
(SP, SU, FA or WI)

Cooperating Teacher's Name _____ **Class** _____ **School/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 fieldwork. 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); N/O= (Not able to observe) for each of the criteria listed below.

The above candidate:

1. Was respectful and fair to students and staff	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 the personal and professional qualities that indicate his/her readiness to continue in our teacher education program	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 fieldwork.

Cooperating Teacher's Signature _____ **Date** _____

School Phone # _____ **Cell #** _____ **E-Mail** _____
(Optional)