COOPERATING TEACHER’S EVALUATION OF THE FIELDWORK STUDENT

Candidate’s Last Name ___________________ First ___________________ Student ID ____________

Course Number ________________________ Semester ___________ Year _______ UG _____ GRAD ____

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)