



**Cooperating Teacher's Final Assessment Form**

**Student Teacher** \_\_\_\_\_

**Student #** \_\_\_\_\_

**Building Assignment** \_\_\_\_\_

**Day** \_\_\_\_\_ **Half Day** \_\_\_\_\_

**School District** \_\_\_\_\_

**Subject(s) and/or Grade(s)** \_\_\_\_\_

**Cooperating Teacher(s)** \_\_\_\_\_

**College Supervisor** \_\_\_\_\_

**Description of Assignment (Unique characteristics of organization, pupils, buildings and community**

\_\_\_\_\_

**AREAS OF ASSESSMENT COMMENTS OF COOPERATING TEACHER**

The Student Teacher in Learning Activities: diagnoses needs; sets goals; plans strategies; organized pupils, materials, and environment; provides for evaluation

\_\_\_\_\_

The Student's relationships with: pupils, staff, community

\_\_\_\_\_

Classroom Management

\_\_\_\_\_

Personal and Professional Qualities

\_\_\_\_\_

**Coordinator's Comments**

Satisfactory                       Unsatisfactory      **Grade** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

*Note: The Student Teacher's signature indicates that these assessments were read. It does not imply agreement. If one desires, he/she may use an extra page for additional comments.*

**Copies to: – University - College Supervisor -Cooperating Teacher**