



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**

Student Teacher's Signature **Date** **College Coordinator'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