

# STUDENT TEACHER EVALUATION OF THE COLLEGE SUPERVISOR

Department: \_\_\_\_\_

Name of College Supervisor (CS): \_\_\_\_\_

Your name and school: \_\_\_\_\_

Quarter(s)    1        2        3        4        (please circle)        Year 200 \_\_\_\_

Date of evaluation: \_\_\_\_\_

*Please give this evaluation in a sealed envelope to the CS at the final conference. We appreciate your input on this important aspect of the student teaching experience. Your supervisor will not receive the results of this evaluation until he/she has submitted your grade.*

*Please use the following ratings and check the appropriate column.*

*3 – Above Average    2 – Average    1 – Needs Improvement    0 – Unsatisfactory*

*NA – Not applicable or no opportunity to observe*

1. Initial contact between you and the CS

A. Was informative and beneficial.

3	2	1	0	N/A

Comments:

B. Expectations for my student teaching performance were made clear to me.

3	2	1	0	N/A

Comments:

C. College/Department policies and procedures for student teachers were reviewed or explained.

3	2	1	0	N/A

Comments:

2. Personal characteristics of the supervisor (warm, understanding, approachable, etc.)

3	2	1	0	N/A

Comments:

3. Student Teacher-Supervisor Relationship

A. Fairness in dealing with you.

3	2	1	0	N/A

Comments:

B. Created a supportive, professional environment.

3	2	1	0	N/A

Comments:

4. Evaluation procedures (observations, review of lesson and unit plans, discussions, conferences with the CS alone and with the CT present, etc.)

A. Constructive and resulted in improvement.

3	2	1	0	N/A

Comments:

B. Given sufficient amount of time by the CS.

3	2	1	0	N/A

Comments:

5. Observations and conferences

A. Number of days of observation by the CS cited on this form per eight week quarter.

1 <sup>st</sup> Placement	2 <sup>nd</sup> Placement
N = _____ Or N/A	N = _____ or N/A

(NOTE: If the CS whose name on this form was assigned to you only for one quarter, then please circle N/A for the quarter during which he/she was not your CS.)

Comments :

B. Number of conferences with the CS, including verbal and written forms of feedback.

N = _____
-----------

Comments:

C. There was a final conference with the CS, CT, and ST present during the eight-week quarter.

NA (Please circle one response in each box with to be circled if your CS for that quarter was not the individual cited on this form.)

1 <sup>st</sup> Placement	2 <sup>nd</sup> Placement
Yes or No Or N/A	Yes or No or N/A

Comments:

6. The CS provided assistance to seek solutions to problems that may have occurred during the student teaching experience.

3	2	1	0	N/A

Comments:

7. The CS fostered positive College/Department public relations with the host school personnel.

3	2	1	0	N/A

Comments:

8. Your suggestions for making the ST/CS relationship better for future STs: