



Date _____

Home Institution _____

**EVALUATION OF COLLEGE SUPERVISOR
by TEACHER CANDIDATE & COOPERATING TEACHER**

Following the completion of directed teaching, both the teacher candidate and cooperating teacher should complete the following form and return it to the teacher education program office at the home university.

Name of Supervisor _____

Rating Scale:

1= Unsatisfactory 2= Basic 3= Proficient 4= Distinguished

The University Supervisor:

		Rating
1.	Provides information as to expectations of cooperating teacher and teacher candidate	
2.	Is available when needed for consultation	
3.	Acts as resource to cooperating teacher and teacher candidate	
4.	Provides adequate and informative feedback in a positive, helpful manner	
5.	Maintains a professional relationship with teacher candidate clinical faculty, and other school personnel	
6.	Exercises professional judgment	
7.	Challenges teacher candidate to do his/her best	
9.	Completed the four required classroom visits to observe teacher candidate	Yes/No

Comments:

Completed by (please circle one): Teacher Candidate/ Cooperating Teacher