

CENTER FOR PROFESSIONAL DEVELOPMENT
 Telephone: (757) 823-8175/Telefax: (757) 823-2590

COOPERATING TEACHER'S EVALUATION (due at the end of the experience) (SECOND Student Teaching Experience)
 Classroom Observation

The Teacher as a Competent, Compassionate, Cooperative, and Committed leader.

Please return the completed form to the Director of Student Teaching, Room 221, Bozeman Education Building.

Student Teacher		Last Name		First Name		MI
Major	Grade(s) in which taught					
Subject(s) Taught						
Assignments	Diverse Placement			Less Diverse Placement		
Cooperating Teacher		Last Name		First Name		MI
				() -		
Schools Name		City	State	School Telephone Number		
Please assign a Letter Grade ("A-Excellent"/"B" – Good/"C" – Average/"X" – Below Average)						Grade:

Please rate this student teacher on each item below using the following scale:		
3 – Target	2 – Acceptable	1 - Unacceptable

No.		Student Teacher's Performance	Rating
1	K/S/D	Demonstrates getting to school on time. (COMPETENT/LEADER)	
2	K/S/D	Demonstrates the use of pedagogical knowledge in a variety of appropriate settings. (COMPETENT)	
3	K/S/D	Demonstrates cooperative planning with the students. (COOPERATIVE/COMMITTED LEADER)	
4	K/S/D	Demonstrates observing, modeling, and effective emulation of the cooperating teacher. (COMPETENT/COMPASSIONATE/COOPERATIVE/COMMITTED LEADER)	
5	K/S/D	Demonstrates getting assignments in on time. (COMPETENT)	
6	K/S/D	Demonstrates a broad and accurate knowledge of subject matter. (COMPETENT)	
7	K/S/D	Demonstrates supervision, feedback, and reflection. (COMPETENT/COOPERATIVE/LEADER)	
8	K/S/D	Demonstrates the knowledge and skills reflected in the State standards (SOLS). (COMPETENT)	
9	K/S/D	Demonstrates professional dispositions that teachers should possess. (COMPETENT/COMPASSIONATE/COOPERATIVE/COMMITTED LEADER)	
10	K/S/D	Demonstrates ability to evaluate his/her own performance for professional growth. (COMPETENT/LEADER)	
11	K/S/D	Demonstrates stimulating pupil's interest. (COMPASSIONATE/COOPERATIVE LEADER)	
12	K/S/D	Demonstrates getting and holding attention of pupils. (COMPETENT/LEADER)	
13	K/S/D	Demonstrates assessing cultural and individual differences of pupils. (COMPASSIONATE/COOPERATIVE)	
14	K/S/D	Demonstrates inspiring pupils to be high achievers. (COMMITTED LEADER)	
15	K/S/D	Demonstrates collecting data on student learning, analyzing the data, reflecting on student work, and developing strategies for improving learning. (COMPETENT)	
16	K/S/D	Demonstrates interacting effectively with cooperating teachers and supervisors. (COMPASSIONATE/COOPERATIVE)	
17	K/S/D	Demonstrates reflecting and giving feedback. (COMPETENT/COMMITTED LEADER)	
18	K/S/D	Demonstrates ability to reflect on teaching and learning and to suggest how teaching can be improved. (COMPETENT/LEADER)	
19	K/S/D	Demonstrates relating pupil-activities (learning) to real life experiences. (COMPASSIONATE/COOPERATIVE/LEADER)	
20	K/S/D	Demonstrates ability to adjust teaching for different situations and students. (COMPETENT/LEADER)	
21	K/S/D	Demonstrates using technology as an instructional aid. (COMPETENT)	
22	K/S/D	Demonstrates working cooperatively as an instructional team member. (COMPASSIONATE/COOPERATIVE)	
23	K/S/D	Demonstrates evaluating pupil's progress. Identify and develop different kinds of assessments that demonstrate the ability to measure and analyze students learning. (COMPETENT/COMMITTED LEADER)	
24	K/S/D	Demonstrates understanding policies and procedures. (COMPETENT)	
25	K/S/D	Demonstrates ability to pre-state and communicate results to students, parents, and colleagues. (COMPETENT/COMPASSIONATE/COOPERATIVE/COMMITTED LEADER)	
26	K/S/D	Demonstrates over-all proficiency in oral and written classroom communication. (COMPETENT)	

Total Points: _____

STUDENT TEACHER'S STRONG POINTS**STUDENT TEACHER'S WEAK POINTS**

Note. Please attach an additional page if required.

1.

1.

2.

2.

3.

3.

4.

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Please enter the TOTAL NUMBER OF DAYS ABSENT during this student teaching experience in the block provided.

Number of conferences held
with Cooperating Teacher:

Number of clock hours of
actual teaching:

Total number of hours completed:

Cooperating Teacher's Comment(s)/Recommendations

Reflections:

Date: _____

Cooperating Teacher's Signature: _____

Cooperating Principal's Comment(s)/Recommendations

Reflections:

Date: _____

Cooperating Principal's Signature: _____

Student Teacher: Please make a copy of this completed form for your records.