

CLASSROOM OBSERVATION EVALUATION
University Supervisor Completes (See Rubric page 71)

Student Teacher								
		Last Name		First Name		MI		
Grade Level		Subject(s) Taught						
Cooperating Teacher								
		Last Name		First Name		MI		
School/Daycare Name				St at e		Telep hone Numb er		
		District/City						
No.		Focus T=Target/A=Acceptable/U=Unacceptable How Effective is the student teacher's performance? (see Rubric)				T (3)	A (2)	U (1)
I		ACADEMIC PREPARATION						
1	K/S /D	Demonstrates knowledge of content (COMPETENT)						
2	K/S /D	Demonstrates knowledge of learning theories (COMPETENT)						
II		METHODOLOGY/CLASSROOM MANAGEMENT						
1	K/S /D	Demonstrates effective management of classroom time (COMPETENT/COMMITTED LEADER)						
2	K/S /D	Demonstrates effective presentation of lesson and shows creativity (COMPETENT)						
3	K/S /D	Demonstrates the use of appropriate classroom management skills (COMPETENT/LEADER)						
4	K/S /D	Demonstrates teaching to the objective/SOL (COMPETENT)						
5	K/S /D	Demonstrates the use of appropriate instruction for the level of students (COMPETENT/LEADER)						
6	K/S /D	Demonstrates monitoring of student progress (COMPETENT/COMPASSIONATE)						
7	K/S /D	Demonstrates the use of appropriate transition between activities (COMPETENT/COMMITTED LEADER)						

III		ASSESSMENT AND EVALUATION			
1	K/S /D	Demonstrates use of evaluation procedures that are fair, consistent, and relevant (COMMITTED LEADER)			
2	K/S /D	Demonstrates clear, firm and reasonable expectations of students (COMPETENT/LEADER)			
3	K/S /D	Demonstrates the use of multiple assessments (COMPETENT)			
4	K/S /D	Demonstrates the use of assessments results to improve learning (COMPETENT)			
IV		TEACHING COMPETENCIES			
1	K/S /D	Demonstrates the use of academic learning time (COMMITTED LEADER)			
2	K/S /D	Demonstrates how to encourage student accountability (COMMITTED LEADER)			
3	K/S /D	Demonstrates clarity of structure (COMPETENT LEADER)			
4	K/S /D	Demonstrates a respect for individual differences (COLLABORATIVE/COMMITTED LEADER)			
5	K/S /D	Demonstrates the use of effective evaluation methods (COMPETENT/LEADER)			

IV					
6	K/S/D	Demonstrates consistent use of rules (COMMITTED LEADER)			
7	K/S/D	Demonstrates the establishment of an affective climate (COMPASSIONATE/COLLABORATIVE)			
8	K/S/D	Demonstrates attention to learners' self-concept (COMPASSIONATE/COLLABORATIVE)			
9	K/S/D	Demonstrates meaningful learning (COMPETENT)			
10	K/S/D	Demonstrates the use of effective questioning skills (COMPETENT/COMPASSIONATE)			
11	K/S/D	Demonstrates the need for reinforcement (COMPETENT/LEADER)			
12	K/S/D	Demonstrates close supervision of students (COMMITTED LEADER)			

13	K/S/D	Demonstrates an overall awareness (COMPASSIONATE/COLLABORATIVE)			
V		DISPOSITIONS			
1	K/S/D	Demonstrates an interest or an appreciation of cultural differences (COMPASSIONATE/COLLABORATIVE)			
2	K/S/D	Demonstrates a cooperative rapport with the teachers, university mentors and students (COLLABORATIVE)			
3	K/S/D	Demonstrates cooperation, commitment and leadership (COLLABORATIVE)			
4	K/S/D	Demonstrates enthusiasm (COMPASSIONATE)			
5	K/S/D	Demonstrates a sense of humor (COMPASSIONATE/COLLABORATIVE)			
6	K/S/D	Demonstrates a maintenance of adequate classroom appearance (COMPETENT)			
VI		COMMUNICATIONS			
1	K/S/D	Demonstrates use of appropriate oral communication skills (COMPETENT/LEADER)			
2	K/S/D	Demonstrates use of appropriate written communication skills (COMPETENT/LEADER)			
3	K/S/D	Demonstrates effective communication skills (Students, Parents, and School Personnel) (COLLABORATIVE)			
VII		PROFESSIONALISM			
1	K/S/D	Demonstrates acceptance of constructive criticism (COLLABORATIVE)			
2	K/S/D	Demonstrates professional dispositions/adherence to school policies (COMPETENT/LEADER)			

University Supervisor's Comments

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Content Area Competencies

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STUDENT'S REFLECTIONS:

University Supervisor's Recommendations
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STUDENT'S REFLECTIONS:

Length of Time for this VISIT		Date								
Please CHECK (✓) VISIT Number	1	2	3	4	5	Grade		Date		
1		2				Fall		Spring		Summer
Please CHECK (✓) current EXPERIENCE					Please CHECK (✓) current SEMESTER					
Student Teacher's Signature					University Supervisor's Signature					

University Supervisor: Please provide a copy of the completed evaluation to the Director of the OFFICE OF CLINICAL EXPERIENCES AND STUDENT SERVICES and a copy to the student teacher.