

**FIELD SUPERVISOR EVALUATION FORM
FIELD PLACEMENT AND LICENSURE
COLLEGE OF EHHD - MONTANA STATE UNIVERSITY**

PLEASE USE THIS FORM TO EVALUATE THE FIELD SUPERVISOR WHO SUPERVISED A TEACHER CANDIDATE THIS SEMESTER.

INDICATE IF YOU ARE: TEACHER CANDIDATE COOPERATING TEACHER PRINCIPAL

FIELD SUPERVISOR'S NAME (PRINT):

INDICATE SEMESTER/YEAR: FALL SPRING YEAR

HOW MANY TIMES DID THE FIELD SUPERVISOR VISIT/OBSERVE?

FOR EACH ITEM BELOW, INDICATE IN THE APPROPRIATE COLUMN WHETHER THE FIELD SUPERVISOR WAS NOT EFFECTIVE, EFFECTIVE OR EXCELLENT.

		NOT EFFECTIVE	EFFECTIVE	EXCELLENT
1.	Made provision for scheduling visits, observations and conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Kept prearranged appointments and was on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Stayed for an appropriate amount of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Provided a written critique to Teacher Candidate after the observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Provided guidance and support to Teacher Candidate based on the observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Provided a final evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Made provision to be available to Teacher Candidate as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Was approachable by Teacher Candidate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Was sensitive to Teacher Candidate needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Consulted with Cooperating Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: