

# 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 or submit to appropriate department chair/program coordinator. 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.

Comments:

3	2	1	0	N/A

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

Comments:

3	2	1	0	N/A

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

Comments:

3	2	1	0	N/A

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

Comments:

3	2	1	0	N/A

3. Student Teacher-Supervisor Relationship

A. Fairness in dealing with you.

Comments:

3	2	1	0	N/A

B. Created a supportive, professional environment.

Comments:

3	2	1	0	N/A

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.

Comments:

3	2	1	0	N/A

B. Given sufficient amount of time by the CS.

Comments:

3	2	1	0	N/A

Observations and conferences

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

(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 :

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

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

Comments:

N = _____
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C. There was a final conference with the CS, CT, and ST present during the eight-week quarter. (Please circle one response in each box with NA to be circled if your CS for that quarter was not the individual cited on this form.)

Comments:

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

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

Comments:

3	2	1	0	N/A

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

Comments:

3	2	1	0	N/A

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