

**FOUR WEEK EVALUATION BY COOPERATING TEACHER**

Please complete this form after the 4<sup>th</sup> week of student teaching and forward to:

Susanne Murphy, Director of Student Teaching, [smurphy@newhaven.edu](mailto:smurphy@newhaven.edu); fax 203 931 6079

**Student Name:** \_\_\_\_\_ **Date of Team Meeting:** \_\_\_\_\_

**Cooperating Teacher:** \_\_\_\_\_ **Grade/Subject:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Recommendation to continue the placement:**

- Yes
- With Reservation (Team Plan for Improvement is required)
- No, Immediate Conference Requested

**1. Design and implementation of lesson plans:**

**2. Classroom management:**

**3. Time management (Includes lesson plans submitted on time, regular attendance, promptness for reporting times and meetings, etc):**

**4. Disposition (Includes adherence to school and district policies, the code of professional responsibility for teachers, all legal requirements, and relationships with students, colleagues, administration):**

**Team Plan Attached: (Please Note: A team plan including dates for a follow up review is required if “with reservation” is checked above.)**

I have received a copy of this form:

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cooperating Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**University Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_