



Site/CT Evaluation completed by the University Supervisor

FYI only - Supervisors will complete this form via electronic survey.

Supervisor name:

Site name:

School district:

Cooperating Teacher name:

Cooperating Teacher grade level or subject area:

Were there sufficient opportunities for the student teacher to perform and practice current strategies?

- Yes
- No

Comment:

Was there sufficient coaching and modeling by the cooperating teacher?

- Yes
- No

Comment:

What are the particular strengths of this cooperating teacher which would assist in placing future student teachings with him/her?

Are there areas of concern that should be considered when sending student teachers to work with this cooperating teacher?

- Yes
- No

Comment:

What are the particular strengths of this site which would assist in placing future student teachers?

Are there areas of concern that should be considered when sending student teachers to this site?

- Yes
- No

Comment: