

Montclair State University
Fieldwork Student Evaluation Form (7-16-08)

Student's Name: _____ **ID#:** _____

District: _____ **School:** _____

Semester: Fall _____ Spring _____ **Year** _____

To: Cooperating Teacher

Since this course is a prelude to student teaching, an informed assessment of the student's performance in the field will be helpful to both the student and the Montclair State University instructor. **Please complete this form and discuss it with the student.** It is to be returned by the student to his/her Fieldwork instructor before the end of the current semester.

<i>Does not meet expectations</i>		<i>Meets expectations</i>		<i>Exceeds expectations</i>	
(1)	(2)	(3)	(4)	(5)	(5)

Please circle the appropriate rating for each criterion listed below **using the accompanying RUBRIC.** Leave blank items which are not applicable. A comment may be included (use reverse side).

1. **Personal Qualities:**

- a. General appearance 1 2 3 4 5
- b. Enthusiasm, spirit of cooperation 1 2 3 4 5
- c. Self-direction, initiative, flexibility 1 2 3 4 5
- d. Communication (articulation, language, voice quality, written expression) 1 2 3 4 5

2. **Professionalism:**

- a. Reflects on teaching/learning process 1 2 3 4 5
- b. Possesses interpersonal skills 1 2 3 4 5
- c. Accepts suggestions, criticism 1 2 3 4 5
- d. Meets responsibilities 1 2 3 4 5
- e. Is committed to teaching 1 2 3 4 5

3. **Teaching/Tutoring:**

- a. Knowledge of subject matter 1 2 3 4 5
- b. Organization of subject matter for student learning 1 2 3 4 5
- c. Planning instruction 1 2 3 4 5
- d. Stimulating critical thinking 1 2 3 4 5
- e. Managing class environment 1 2 3 4 5

4. **Dispositions Toward Students:**

- a. Belief that all students can learn 1 2 3 4 5
- b. Respect for individual and cultural differences 1 2 3 4 5
- c. Belief all students bring talents and strengths to learning 1 2 3 4 5
- d. Attitude that students' strengths are basis for growth and errors are opportunities for learning 1 2 3 4 5

> **Did the student spend the required 60 hours in the field?** _____ Yes _____ No

> **Does this student have personal and professional qualities that indicate his/her readiness for the student teaching experience:** _____ Yes _____ No

Cooperating Teacher: _____ Signature: _____
 (Please print your name)