Please return this form to the Director of Field Experiences, CSU School of Education, Box 118087, Charleston, SC 29423-8087

Evaluation of Cooperating Teacher
(For Student Teachers and Clinical Supervisors)

Please complete the following demographic data:

Semester _____ School _____

Name of Cooperating Teacher _____

You are a Student Teacher or College Clinical Supervisor
(circle one)

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Part One: Please circle yes or no

1. The cooperating teacher completed and discussed ADEPT evaluation forms. Yes No

2. The cooperating teacher gave regular, constructive feedback to the student teacher on ADEPT performance dimensions. Yes No

3. The cooperating teacher treated the student teacher as a competent professional. Yes No

4. The cooperating teacher assisted the student teacher in locating appropriate resources for instruction. Yes No

5. The cooperating teacher demonstrated good teaching skills, and offers a sound model for novice teachers. Yes No

6. The cooperating teacher should be invited to train another novice teacher. Yes No

*If you responded "no" to item six, please give specific comments here: _____

_____

_____

Part Two: Please respond to these prompts:

1) The cooperating teacher gave the most assistance by: _____

_____

_____

2) Before this cooperating teacher works with another novice, I wish that he or she would learn more about _____

_____