

Cooperating Teacher Field Experience Evaluation - Augsburg College Education Department

Students: Please fill out the information on the top before you give this evaluation to your host teacher. Share it with your host teacher as you begin the field experience and then have them complete the evaluation when you have completed your hours.

Course: **EDC410/544**

Student Name: _____ Term: _____ Professor signature _____

Students' Goal: _____

Cooperating Teachers: Please rate the student's performance in your classroom by circling the appropriate number. An n/o indicates not observed; a 1 indicates a minimal level and 5 indicates high level. Please add any comments or explanations. This completed form conforms to requirements of the Family Educational Rights and Privacy Act.

1. Professional Dispositions <small>(On time, Appropriate dress, time management, professional behavior)</small>	Comment: (Please use back for any additional comments)	1	2	3	4	5	N/O
2. Personal Dispositions <small>(Enthusiasm, confidence, comfort, shows initiative,)</small>	Comment:	1	2	3	4	5	N/O
3. Motivating to Learn <small>(Shows enthusiasm, inspiring, pushes students to realize their potential)</small>	Comment:	1	2	3	4	5	N/O
4. Respect for all Learners <small>(Shows sensitivity to varying student needs, Understands the need for self-determination and self-advocacy)</small>	Comment:	1	2	3	4	5	N/O
5 Relationships <small>(Establishes positive / respectful relations with students and staff)</small>	Comment:	1	2	3	4	5	N/O
6. Pedagogy <small>(Shows understanding of how to positively engage students)</small>	Comment:	1	2	3	4	5	N/O

Thank you for hosting a student and completing this evaluation. When you have completed the evaluation please place it in an envelope and sign along the sealed backside of the envelope. Then give the sealed envelope back to the student and the student will turn it in to their professor. If you have any questions please contact Chris Brown, the **Field Experience Coordinator** at brownc@augsborg.edu

Host teachers' name: (printed) _____ Signature: _____ School: _____

e-mail or phone _____ Subject: _____ Grade Level: _____ District: _____

Date: _____ Student field experience hours completed: _____