

North Central University

Department of Education 910 Elliot Avenue South Minneapolis, MN 55404

CLINICAL Final Evaluation Cooperating Teacher

Name of Pre-Student Teacher _____

School _____

Grade _____

Semester (Fall or Spring)/ Year _____

Note: The student is currently in his or her (junior/senior) year. Please rate the student's performance as a pre-student teacher by checking each category at some point on this scale. In addition, please write a concise statement that explains and supplements your ratings by describing specific observations.

Instructional Competencies

	Inadequate		Satisfactory		Excellent
Knowledge of subject matter	1	2	3	4	5
Knowledge of pupil development	1	2	3	4	5
Planning	1	2	3	4	5
Methods	1	2	3	4	5
Instructional Materials	1	2	3	4	5
Classroom Management	1	2	3	4	5
Evaluation	1	2	3	4	5

Relationships

	Inadequate		Satisfactory		Excellent
With Students	1	2	3	4	5
With Staff	1	2	3	4	5

Personal/Professional Attributes

	Inadequate		Satisfactory		Excellent
Communication Skills	1	2	3	4	5
Self-evaluation Skills	1	2	3	4	5
Professional Commitment	1	2	3	4	5
Leadership Ability	1	2	3	4	5

Comments—Reverse Side

Name _____

School _____

Position _____

Signature _____ Date _____