

Teacher Feedback Form for EDUC 3320/EDUC 3321 □ or EDUC 3330/EDSP 4361 □

Student's Name:	Date:			
Please use the following rating scale when responding to the items be 3 = Outstanding.	low: 0 = Not Obser	ved, 1 = Poor,	2 = Average, a	nd
How would you rate the student's	0	1	2	3
problem solving ability?				
creativity?				
commitment to professional development?				
oral communication skills?				
written communication skills?				
ability to relate to culturally and academically diverse student				
populations.				
ability to cooperate and collaborate with other professionals?				
willingness to listen to the learner?				
willingness to work?				
rapport with the learners?				
reaction to constructive feedback?				
flexibility?				
responsibility?				
dependability?				
self-confidence?				
professional appearance?				
What do you perceive as the student's strengths?				-
What do you perceive as opportunities where the student can grow?				-
Name (please print)	Signature			-

Email Address

ISD/Campus