

## Quick Check ✓

A cooperating teacher feedback form on clinical teaching basics to supplement the University Field Supervisor's observation

Yes No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Perfect Attendance  |
| <input type="checkbox"/> | <input type="checkbox"/> | Always punctual in attendance and reports                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Turns in lesson plans in a timely manner                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Dresses professionally and/or appropriately                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrates knowledge of school procedures and policies              |
| <input type="checkbox"/> | <input type="checkbox"/> | Exhibits professional relationships with students                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Is supportive and cooperative with mentor, other colleagues and staff |
| <input type="checkbox"/> | <input type="checkbox"/> | Is dependable   |
| <input type="checkbox"/> | <input type="checkbox"/> | Private conference with the University Supervisor needed              |

Other comments or concerns \_\_\_\_\_

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