COOPERATING TEACHER’S EVALUATION OF UVA-WISE FIELD EXPERIENCE STUDENT

(UVa-Wise student should complete this section.)

<table>
<thead>
<tr>
<th>Education Course #</th>
<th>Education Course #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assigned School</td>
<td>School’s Telephone #</td>
</tr>
<tr>
<td>Name of Cooperator</td>
<td>Name of Principal</td>
</tr>
<tr>
<td>Grade Level</td>
<td>Content Area for Middle &amp; Secondary Placements</td>
</tr>
</tbody>
</table>

(Cooperating teacher should complete this section.)

Part I

1.) Did the UVA-Wise student give you an introductory letter explaining the Field Experience requirements for this course?
   - Yes _____ No _____ Comments:

2.) Did the UVA-Wise student establish a schedule, show up on time, and maintain dependable attendance?
   - Yes _____ No _____ Comments:

3.) Did the UVA-Wise student dress appropriately for the classroom environment?
   - Yes _____ No _____ Comments:

Part II

On a scale of 1-5 (with 1=Poor, 2=Below Average, 3=Average, 4=Above Average, and 5=Excellent), please rate the UVA-Wise student’s performance on the following items:

1.) How would you rate this student’s attempts to interact with you and your students?
   - 5 4 3 2 1 Comments:

2.) How responsive was this student to simple/basic requests for assistance in the classroom?
   - 5 4 3 2 1 Comments:

3.) How would you rate this student’s use of oral language (grammar, diction, etc.)?
   - 5 4 3 2 1 Comments:

4.) How would you rate this student’s professional attitude toward teaching?
   - 5 4 3 2 1 Comments:

5.) How would you rate this student’s overall performance with you and your students?
   - 5 4 3 2 1 Comments:
Part III - Final Comments

1.) What suggestions would you offer for assisting the UVa-Wise student in his or her preparation for becoming a teacher?


2.) What suggestions would you offer for improving the Field Experience Program at UVa-Wise?


3.) Do you have any other comments about the UVa-Wise student or the program at UVa-Wise?

Cooperating Teacher's Name (Please Print) ______________________________________

Cooperating Teacher's Signature ________________________________________________

Date ____________________________

__________________________________________

PLEASE USE YOUR SCHOOL'S OFFICIAL ENVELOPE TO MAIL THIS FORM DIRECTLY TO:

INSTRUCTOR'S NAME _____________________________________________________________

EDUCATION DEPARTMENT
UVa-WISE
ONE COLLEGE AVE.
WISE, VA 24293