



COOPERATING TEACHER'S EVALUATION OF PRACTICUM STUDENT

Please complete this form in INK. Thank you.

TERM: (please check ✓)

- Fall (September -December)
- Winter (January)
- Spring (January -May)
- Summer (May)

YEAR: 20__

- _____ Suburban Practicum (964:450)
- _____ Secondary Urban Practicum (964:452)
- _____ Elementary Urban Practicum (964:416)

Name of Practicum Student: _____

Name of Cooperating Teacher: _____

Teacher's e-mail address: _____

Grade Level and/or Subject Area: _____

Number of Students in Class: _____

Name of School: _____

School Address: _____

Telephone Number: _____ **FAX Number:** _____

1. Please rate the practicum student named above in the following areas of performance:

The student:	Excellent	Good	Satisfactory	Poor	Not Observed
Is dependable					
Shows interest and enthusiasm					
Cooperates					
Seeks advice and resources					
Evaluates self					
Accepts evaluation from others					
Adapts well					
Assumes responsibilities					
Relates effectively to children					
Relates well to other staff members					
Acts professionally					
Dresses appropriately					
Communicates effectively					

-over, please-

2. The practicum student named above has engaged in the following activities:

Comments/Suggestions:

Re Lesson #1: _____

Re Lesson #2: _____

General: _____

OVERALL, I would rate the student:

- _____ Excellent
- _____ Good
- _____ Satisfactory
- _____ Poor
- _____ Other (Please explain)

Important: Your overall rating should be consistent with the ratings provided in Item #1 on the reverse side.

The overall rating serves as the basis for the field component of the student's grade in the practicum course and constitutes a major portion of the course grade.

Signature: _____ Date: _____

Please return this form to Ms. Sheila Diggs, Rutgers-Camden Teacher Preparation Program. You can fax it, 856-225-6617, or send it to 311 North Fifth Street, Armitage Hall B-34, Camden, New Jersey 08102. Please provide student with a photocopy before returning.