Evaluation of University Supervisor

This form is completed at the end of each term by the student teacher, and turned in to the Licensure Coordinator.

Information from this form is typically shared with the University Supervisor only as aggregated data at the conclusion of the program or as appropriate during the academic year. Student Teachers should contact their Program Lead if they have concerns relating to their relationship with the University Supervisor.
**Evaluation of University Supervisor**

Student Teacher’s Name: ____________________________________________

University Supervisor’s Name: _______________________________________

Term: ________________ Year: ___________________ School: _____________

Grade Level(s) or Subject(s): ________________________________

**DIRECTIONS:** Please rate your University Supervisor on the scales of 0 - 3 by circling the appropriate number:

0 = Lacking      1 = Partially evident or needs work      2 = Proficient      3 = Exemplary

My University Supervisor:

0 1 2 3  A. Examined and discussed written lesson plans with me.

0 1 2 3  B. Was available for conferences and assistance.

0 1 2 3  C. Observed my teaching at regular or pre-planned intervals.

0 1 2 3  D. Took objective data during observations of my teaching and provided helpful feedback on my lessons.

0 1 2 3  E. Made me feel comfortable in discussing any problems concerning my teaching assignment.

0 1 2 3  F. Demonstrated an interest and concern for my feelings and welfare.

0 1 2 3  G. Helped me identify problems and plan several possible alternative solutions.

0 1 2 3  H. Helped me consider a variety of teaching techniques.

0 1 2 3  I. Encouraged openness so that I could question procedures which I did not understand.

0 1 2 3  J. Maintained an open channel of communication with school personnel.

0 1 2 3  K. Informed me of any absences or deviations to his or her schedule concerning seminars, planned observations, etc.