


 Cooperating Teacher

←Choose One →

 University Supervisor

Name of Student:	Evaluator Name:	Overall Score Max. = 26
Class Observed:	School:	
Today's Date:	Grade Level:	

Please evaluate the student using the scale below and comment when appropriate. Add the scores and indicate the sum in the above block.

0 Does Not Meet Expectations	1 Meets Expectations	2 Exceeds Expectations
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Focus on Teaching and Learning (OSTP 1, 2, 3, 4,)	0	1	2
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Models respect for students' diverse cultures, language skills and experiences.			
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Comments:

Knows content being taught and uses knowledge of content-area concepts, assumptions and skills to plan instruction.			
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Comments:

Makes content meaningful and relevant to students' lives.			
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Comments:

Selects, Develops and uses a variety of diagnostic, formative and summative assessments.			
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Comments:

Aligns instructional goals and activities with school and district profiles and Ohio's Academic Content Standards.			
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Comments:

Uses information about students' learning and performance to plan and deliver instruction.			
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Comments:

Communicates clear learning goals and explicitly links learning activities to these goals.			
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Comments:

Differentiates instruction to support learning needs of students.			
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Comments:

Creates and selects activities designed to help students develop as independent learners and as complex problem solvers.

Comments:

Uses resources and technology effectively to enhance student learning.

Comments:

Conditions for Teaching and Learning (OSTP 5)	0	1	2
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Treats all students fairly and maintains an environment that is respectful, supportive and caring.

Comments:

Teaching as a Profession (OSTP 6,7)	0	1	2
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Communicates clearly and effectively with proper oral and written language.

Comments:

Exhibits professional dispositions such as appropriate dress, punctuality and consistent attendance.

Comments:

	Yes	No	Needs to Improve
Does the student teacher present a professional appearance?			
Does the student teacher accept constructive criticism and respond positively?			
Number of observation hours completed-			

This form is not to be used for student teaching.

Please circle the Xavier course in which your observer is enrolled.

EDMS 330/530	EDMS 331/531	EDMS 332/532	EDMS 333/533	EDMS 325/525	ARTS 221/521	ARTS 223/523	MUSC 221	MUSC 320	MUSC 321	EDMS 411
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Cooperating Teacher Personal Information

Name (Mr., Mrs., Ms., Dr., Fr., Sr., Bro.) _____

Home Address _____

Number and Street
City
State
Zip

Home Telephone _____ School Name _____

Years of Teaching Experience _____ Highest Degree Earned: Bachelor Master Ph.D.

Your Field(s) of Licensure _____

Xavier University greatly values your contribution to the professional development of our education students. This document serves both provide valuable feedback regarding the development of our students and to update our records. It also provides documentation that allows us to compensate you for your important service.

Signature of Evaluator

Signature of Teacher Candidate

Date