



Spalding University
College of Education

University Supervisor Evaluation
by Cooperating Teacher

Name of University Supervisor: _____ Date: _____

Name of Cooperating Teacher: _____ Date: _____

Please submit the completed evaluation to the Director of Field Experiences and Clinical Practice.
Your cooperation is greatly appreciated.

Rating: 4 = to a high degree **1** = to a low degree

Throughout the student teaching experience, the university supervisor:

Clearly communicated procedures to the student teacher and me for the university supervisor's visits and observations.	4	3	2	1
Clearly communicated specific expectations to the student teacher and me during student teaching.	4	3	2	1
Was available to serve as a resource person to the student teacher and me during student teaching.	4	3	2	1
Served as an intermediary to solve problems	4	3	2	1
Provided helpful suggestions and positive feedback.	4	3	2	1
Was available to me for consultation regarding the student teacher's performance.	4	3	2	1
Sought feedback from me concerning the student teacher's preparation.	4	3	2	1
Consulted with me on the student teacher's final grade recommendation.	4	3	2	1

Additional Comments: