

CENTRAL MICHIGAN UNIVERSITY

Name of Student Teacher _____

Date Submitted _____ WEEK (circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

WEEKLY EVALUATION RECORD

This form should be completed weekly by the student teacher and reviewed with their cooperating teacher. Comments and suggestions should be given by the cooperating teacher. This form should be turned in at each seminar session for review by the university coordinator. The student teacher may also use this as a basis for their weekly conference with their cooperating teacher.

ACTIVITIES ENGAGED IN DURING THE PAST WEEK:

SPECIFIC STRENGTHS DEMONSTRATED:

PROBLEMS and/or CONFLICTS EXPERIENCED:

SUGGESTIONS FOR IMPROVEMENTS:

COOPERATING TEACHER'S COMMENTS:

Cooperating Teacher's Signature: _____

Student Teacher's Signature: _____

UNIVERSITY COORDINATOR'S COMMENTS: