

FIELD SUPERVISOR EVALUATION FORM
FIELD PLACEMENT AND LICENSURE
COLLEGE OF EHHD - MONTANA STATE UNIVERSITY

TEACHER CANDIDATE'S NAME:

PLEASE USE THIS FORM TO EVALUATE THE FIELD SUPERVISOR WHO SUPERVISED THE ABOVE TEACHER CANDIDATE THIS SEMESTER.

INDICATE IF YOU ARE: TEACHER CANDIDATE

COOPERATING TEACHER

PRINCIPAL

FIELD SUPERVISOR'S NAME:

INDICATE SEMESTER/YEAR: FALL

SPRING

YEAR

HOW MANY TIMES DID THE FIELD SUPERVISOR VISIT/OBSERVE?

FOR EACH ITEM BELOW, INDICATE IN THE APPROPRIATE COLUMN WHETHER THE FIELD SUPERVISOR WAS NOT EFFECTIVE, EFFECTIVE OR EXCELLENT. CT MAY NEED TO ASK TC ABOUT SOME ITEMS, SUCH AS #4.

		NOT EFFECTIVE	EFFECTIVE	EXCELLENT
1.	Made provision for scheduling visits, observations and conferences			
2.	Kept prearranged appointments and was on time			
3.	Stayed for an appropriate amount of time			
4.	Provided a written critique to teacher candidate after the observation			
5.	Provided guidance and support to teacher candidate based on the observation			
6.	Provided an equitable final evaluation.			
7.	Made provision to be available to teacher candidate as needed.			
8.	Was approachable by teacher candidate			
9.	Was sensitive to teacher candidate needs			
10.	Consulted with cooperating teacher			

COMMENTS: