

School of Education and Human Services

Office of School and Field Services

381 Pawley Hall

Rochester, Michigan 48309-4494

248-370-3083

Final Assessment of Student Teacher

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Assignment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Term Year Grade level/subject(s)

Cooperating University

Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF ASSIGNMENT

(community; district; unique characteristics of school, staff, students)

COOPERATING TEACHER’S ASSESSMENT

(attach additional pages if necessary)

INTERPERSONAL RELATIONSHIPS

CLASSROOM CLIMATE AND MANAGEMENT

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONAL PLANNING AND IMPLEMENTATION

INSTRUCTIONAL PLANNING AND INCORPORATION OF TECHNOLOGY TO ENHANCE STUDENT LEARNING

EVALUATION

COMMAND OF SUBJECT MATTER

PERSONAL QUALITIES

PROFESSIONAL QUALITIES

Student Name\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# OAKLAND UNIVERSITY

UNIVERSITY SUPERVISOR’S ASSESSMENT

Certification Recommendations:

\_\_\_Recommended for certification \_\_\_Recommended for certification

\_\_\_Not recommended for certification \_\_\_Not recommended for certification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_/\_\_\_

University Supervisor’s Signature Date Cooperating Teacher’s Signature Date

The above assessment and certification recommendations have been shared with me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_/\_\_\_ \_\_\_Mark here if additional comments by the

Student Teacher’s Signature Date student teacher are attached.

Please provide 4 copies of the assessment and distribute to the Cooperating Teacher, Student Teacher,

University Supervisor, Office of School and Field Services