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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(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperating Teacher’s Signature Date 2nd Cooperating Teacher’s Signature Date

(if applicable)

\_\_\_Recommended for certification

\_\_\_Not recommended for certification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Supervisor’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 copies of the assessment and distribute to the Cooperating Teacher(s), Student Teacher,

University Supervisor, Office of School and Field Services