**OAKLAND UNIVERSITY**

**Student Teaching Weekly Feedback**

Intern\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cooperating Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Rate each performance area by putting an x under the appropriate descriptor. Also, if appropriate, provide short written comments to help the intern improve performance. Place signatures and date at the bottom of the page. This form should be completed and discussed each week. Please make copies for the intern, cooperating teacher, and supervisor.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Needs Improvement | Developing | Accomplished |
| Lesson Planning |  |  |  |

*Suggestions for improvement:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Needs Improvement | Developing | Accomplished |
| Lesson Preparation |  |  |  |

*Suggestions for improvement:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Needs Improvement | Developing | Accomplished |
| Delivery of Instruction |  |  |  |

*Suggestions for improvement:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Needs Improvement | Developing | Accomplished |
| Classroom Management |  |  |  |

*Suggestions for improvement:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Needs Improvement | Developing | Accomplished |
| Professionalism |  |  |  |

*Suggestions for improvement:*

Other comments:

Date\_\_\_\_\_\_\_\_\_ Intern\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cooperating Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_