

MCNEESE CAREER SERVICES CENTER

****STUDENT!** Please complete the top portion of this evaluation before submitting it to the appropriate supervisor.

EVALUATION FOR COOPERATING TEACHER/COLLEGE SUPERVISOR-STUDENT TEACHERS

TO: _____

Academic Department: _____

I, _____
would appreciate you completing this evaluation.

Grad Date: _____

Degree Title: _____

I AM AWARE THAT THIS IS AN OPEN EVALUATION.

E-mail (student) _____

Signed:(student) _____ Date: _____

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT OBSERVED
ABILITY TO WIN AND HOLD GOOD WILL OF PUPILS					
USE OF ENGLISH					
KNOWLEDGE OF SUBJECT MATTER					
SENSE OF RESPONSIBILITY					
ATTENDANCE & PUNCTUALITY					
PERSONAL APPEARANCE					
COOPERATIVENESS					
INITIATIVE					
DISCIPLINE					
EMOTIONAL POISE					
SKILL IN ASSIGNING & MOTIVATING WORK					

Comments:

Signed: (evaluator) _____

Position: _____

Date: _____

Department: _____

