



Inclusive Dates	
From:	
To:	

<u>Strengths</u>
<u>Weekly Goal(s)</u>
<u>Areas Needing Improvement</u>

Cooperating teacher evaluation of teacher candidate for the week (please circle one):	+	✓	-	NA/NO
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 Cooperating Teacher Signature Student Teacher Candidate Signature University Supervisor Signature

Student Teacher Candidate's signature only indicates that the student has seen and read this evaluation

The Teacher Candidate will keep the original copy for a file or portfolio and provide copies to the University Supervisor and Cooperating Teacher.