**FIELDWORK EXPERIENCE EVALUATION FORM**

**Candidate’s Last Name: First: EC EE**

**Course Number: Name: Fall/Spring Year:**

**Course Instructor: Fieldwork Supervisor:**

**Cooperating Teacher’s Name: Fieldwork Supervisor Email:**

**School/ Site: Class/Grade:**

*To the Cooperating Teacher: The Stern College Department of Education appreciates your assistance with the assessment of our candidate’s performance and/or dispositions in the field as relating to the New York State Teaching Standards. Please complete this form and mail it in the attached envelope to the Fieldwork Coordinator.* **(Rating Scale: 3= Exceeded Expectations; 2= Met Expectations; 1= Did Not Meet Expectations; N/O= Not Able to Observe).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The Preservice Candidate:** | **Indicators** | **3** | **2** | **1** | **N/O** |
| **1.Demonstrates awareness of age and developmentally appropriate pedagogy and differentiation [NYS 2]** |  *(i.e. speaks appropriately to children)* |  |  |  |  |
| **2.Is fair to students and staff; respected individual and/or cultural differences [NYS 4]** |  *(i.e. demonstrates sensitivity to diverse needs or perspectives)* |  |  |  |  |
| **3.Is dependable and punctual [NYS 6]** |  *(i.e. on time, responsible, reliable, communicates absences in advance)* |  |  |  |  |
| **4. Seeks to grow professionally with collaboration, resources and approaches to meet students’ diverse needs [NYS 7]** |  (*i.e. asks follow up questions, is open to suggestions or looking at additional resources)* |  |  |  |  |
| **5. Demonstrates personal and professional qualities indicating her readiness to continue in our student teaching program [NYS 4;6]** |  *(i.e. professional dress, speech, and disposition; makes eye contact and shows interest in the profession)* |  |  |  |  |

**Please provide comments below, especially if a criterion received a rating of 1 (Did Not Meet Expectations).**

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***Thank you for your participation as a Cooperating Teacher for SCW Fieldwork.***

**Cooperating Teacher’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**