

Summative Evaluation of Practicum and Teacher Recommendation

Name of Teacher Candidate _____

Subject/Grade Level _____ School _____

Please check the boxes that most accurately describe the above candidate in comparison with other student teachers. (The categories are described on the back of this form.) In the space provided, comment on the qualifications of this candidate as a prospective teacher. This form will become part of the candidate's permanent file.

	Unsatisfactory	Below Average	Average	Above Average	Outstanding
Subject Matter					
Student Learning					
Diverse Learners					
Instructional Strategies					
Learning Environment/Classroom Management					
Communication					
Planning Instruction					
Assessment					
Reflection & Professional Development					
Collaboration, Ethics, & Relationships					

Comments:

Signature _____ Professional Title _____ Date _____

Address _____

_____ Telephone _____

Summative Evaluation of Student Teaching and Teacher Recommendation

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Subject/Grade Level _____ School _____

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