

FALL PRACTICUM MID-SEMESTER EVALUATION**Open File**

Student Name_____

Cooperating Teacher_____

School_____

Please place a check in the appropriate box to indicate progress in the fall practicum.

	Excellent	Satisfactory	Needs Work
Interaction with students			
Attitude toward teaching/students/faculty			
Willingness to assist or participate			
Shows up on time/ Completes scheduled time			

Additional Comments: Provide information on the student's skills, experience, teaching methods, initiative, creativity, etc. What are the student's strengths and weaknesses? What areas of instruction should this student further develop?

In your opinion, should this student continue in the secondary education program?

☐ Yes ☐ No ☐ Unsure

In your opinion, should this student be placed for student teaching?

☐ Yes ☐ No ☐ Unsure_____
Signature, Cooperating Teacher_____
Date

Please return this form, before October 6, to your practicum student or mail it to: Judy Kuechle, Division of Education, University of Minnesota-Morris, Morris, MN 56267

