



WALSH UNIVERSITY SUPERVISOR APPRAISAL (PRE-CLINICAL SEMESTER)

Name of University Supervisor _____

Name of Cooperating Teacher _____

Semester (Circle One) Fall Spring Year _____ Today's Date _____

Directions: The cooperating teacher should complete this form and return it to the teacher candidate in a sealed envelope at the end of the placement. The candidate should return it to his/her pre-clinical instructor.

The Walsh University Supervisor:	YES	NO	NA
• Scheduled an initial meeting with the cooperating teacher to review what would take place during the pre-clinical semester, the handbook, and the forms			
• Made clear the role of the cooperating teacher			
• Made clear the role of the teacher candidate (observation, assisting, some teaching)			
• Completed the evaluation form (during the placement when the candidate taught required lesson) and discussed the observations with the candidate and cooperating teacher			
• Conducted him/herself in a professional, positive manner			
The Walsh University Pre-Clinical Program:			
• Was clearly presented in the Handbook			
• Prepares candidates for the Clinical (student teaching) Semester			

Your Suggestions Are Valued!