

## STUDENT TEACHER FINAL ASSESSMENT

To be completed (**please type**) by the cooperating teacher(s) at the end of each student teaching assignment, and by the university supervisor at the end of the student teaching semester. Please make **two** photocopies; send the **original** to the Office of Student Services (address below), give a **copy** to the student teacher and keep a **copy** for your own records.

Student Teacher \_\_\_\_\_  
 Observer's Name \_\_\_\_\_  
 Subject/Grade \_\_\_\_\_  
 School \_\_\_\_\_  
 Date \_\_\_\_\_

**To the writer:** Check *one* of the following:

- I was this student's cooperating teacher.  
 I was this student's university supervisor

**Please describe your assessment of the student teacher's performance in the following areas:**

- **Knowledge of Literacy** (student literacy development in reading, writing, speaking, viewing and listening skills)
- **Knowledge of Mathematics** (use of appropriate mathematics instruction)
- **Knowledge of Standards and Assessment** (use of appropriate strategies, planning practices, assessment techniques, and accommodations to ensure student learning)
- **Knowledge of Content** (subject matter expertise)
- **Knowledge of Classroom and Instructional Management** (maintenance of a positive and effective learning environment, use of effective classroom discipline, instruction & assessment practices, and effective communication with parents)
- **Knowledge of Individualization of Instruction** (responsive to needs students bring, including those based on culture, community, ethnicity, economics, linguistics, and innate learning abilities)
- **Knowledge of Technology** (use of technology to support instruction and enhance student learning)
- **Professionalism** (timeliness, written communication, dress, collegial interactions, respect for students, responsibility for student learning, work ethic, perseverance, responsibility for actions, organization, social media & technology savvy, workplace policies & codes of conduct, confidentiality)
- **Reflective & Inquiry-Oriented Stance**
- **Suggestions for Professional Growth**
- **Potential for Success**

**Typed Narrative (use additional sheets if necessary)**

- I verify that the student listed above has demonstrated proficiency or advanced skills in the Performance Based Standards for Colorado Teachers during his/her student teaching semester and is recommended for licensure.  
 I do not recommend the student listed above for licensure.

**Signatures** (The student teacher's signature below indicates receipt of a copy of this evaluation, but does not imply agreement with the evaluation.)

Cooperating Teacher

University Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Student Teacher \_\_\_\_\_ Date: \_\_\_\_\_

Director of Field Experiences/  
 Student Teaching \_\_\_\_\_ Date: \_\_\_\_\_