

Please select appropriate field experience:

Elementary \_\_\_\_\_

Secondary \_\_\_\_\_

Practicum

Student Teaching

Art

Music

English

ESL

Foreign Language

Mathematics

Science

Social Studies

Special Education

## Cooperating Teacher Evaluation of College Supervisor

Name of College Supervisor: \_\_\_\_\_

Instructions: Please circle the number (1-5) corresponding to the description that most accurately describes your College Supervisor. Feel free to comment on individual items where appropriate.

Scale: N = No Opportunity 1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Excellent

### The College Supervisor:

- |                                                                                                           |     |   |   |   |   |    |
|-----------------------------------------------------------------------------------------------------------|-----|---|---|---|---|----|
| 1. Effectively communicated expectations                                                                  | N   | 1 | 2 | 3 | 4 | 5  |
| 2. Set a good example as a professional                                                                   | N   | 1 | 2 | 3 | 4 | 5  |
| 3. Provided relevant and useful feedback                                                                  | N   | 1 | 2 | 3 | 4 | 5  |
| 4. Maintained an attitude of encouragement and showed interest in the field experience student's progress | N   | 1 | 2 | 3 | 4 | 5  |
| 5. Made himself-herself available when needed.                                                            | N   | 1 | 2 | 3 | 4 | 5  |
| 6. I would be interested in hosting another field experience student.                                     | YES |   |   |   |   | NO |

Additional comments (may be continued on back of page):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Submit to:

Office of Student Field Experiences  
The University of Iowa  
N310 Lindquist Center  
Iowa City, IA 52242-1529

### For office use only

This evaluation was reviewed with the College Supervisor: YES NO Date: \_\_\_\_\_

By whom: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments:

Supervisor Signature: \_\_\_\_\_

Supervisor's Comments: