



**OPTIONAL FORM**

Student Teacher's Name: \_\_\_\_\_

Cooperating Teacher's Name: \_\_\_\_\_

School Name: \_\_\_\_\_



**\*\*\* Please note: If you would like to provide this feedback to your cooperating teacher, prior to submitting a completed form to the OSFE, make a copy and include it in your thank you note to your CT.**

## Feedback About My Cooperating Teacher

How would you describe your relationship with your Cooperating Teacher?

What did the Cooperating Teacher do to make you feel welcome in his/her classroom?

In what ways did the Cooperating Teacher offer you planning guidance and support?

How frequently did the Cooperating Teacher offer verbal or written general feedback and encouragement?

When an issue or problem arose, what did the Cooperating Teacher do to assist you?

What did you do to improve or contribute to the success of your student teaching experience?