

BELLARMINE UNIVERSITY

Evaluation of the Bellarmine University Supervisor Completed by Cooperating Teachers

Name of School:	Name of Principal:	
Cooperating Teacher(s):	Subject/Grade Observed:	
University Instructor:	Semester:	Year:

Please rate the Bellarmine University Supervisor of your student teacher on the following:

1. Did the Bellarmine Supervisor conduct an initial meeting with you in a timely manner? **YES / NO**
2. Was the necessary information (handbook, evaluation forms) shared with you and thoroughly explained? **YES / NO**
3. Did the Bellarmine Supervisor discuss the progress of the student teacher with you? **YES / NO**
4. Was the Bellarmine Supervisor available to discuss any problems relative to the student teacher? **YES / NO**
5. Overall, how would you rate the Bellarmine Supervisor? (circle the appropriate rating)

Distinguished Proficient Apprentice Novice

Comments:
