

MENTOR TEACHER EVALUATION
by TEACHER CANDIDATE

MENTOR TEACHER _____ SEMESTER/YEAR _____

TEACHER CANDIDATE _____ ASSIGNMENT I _____ ASSIGNMENT II _____

DIRECTIONS: The purpose of this instrument is to evaluate the supervision you received from your Mentor Teacher during your student teaching. Please indicate how the Mentor Teacher addressed each statement below using the scale provided:

4 – Always

3 – Usually

2 – Seldom

1 – Never

- _____ 1. Required the development of daily lesson plans.
- _____ 2. Discussed the necessary lesson plan components.
- _____ 3. Examined the lesson plans and provided feedback as to their appropriateness.
- _____ 4. Provided suggestions for improving the lesson plan.
- _____ 5. Arranged appropriate observation times and was flexible in scheduling.
- _____ 6. Discussed with me the skill areas to be observed prior to the observation.
- _____ 7. Observed often enough to adequately evaluate my performance.
- _____ 8. Provided feedback about my strengths and weaknesses in a positive manner.
- _____ 9. Took the time to discuss ways to improve teaching using practical examples.
- _____ 10. Allowed me the necessary freedom to develop my own teaching styles.
- _____ 11. Remained in the background and allowed me to manage students.
- _____ 12. Provided feedback with regard to management techniques and suggested ways to improve.
- _____ 13. Talked with me about necessary evaluation techniques to be used.
- _____ 14. Examined how I evaluated students before, during, and after instruction.
- _____ 15. Followed prescribed phasing-in schedule.
- _____ 16. Held daily conferences with me to discuss my progress.
- _____ 17. Treated me as a professional.

I would recommend this teacher as a Mentor Teacher in the future. _____ Yes _____ No

Teacher Candidate Signature

Date

PLEASE RETURN TO THE OFFICE OF CLINICAL TEACHING EXPERIENCES
APSU, P. O. BOX 4477, CLARKSVILLE, TN 37044