

GRAMBLING STATE UNIVERSITY
OFFICE OF PROFESSIONAL LABORATORY EXPERIENCES
RESIDENT EVALUATION BY MENTOR TEACHER/UNIVERSITY SUPERVISOR

Resident/Student Teacher's Name	Mentor/ Cooperating Teacher's Name	
Semester/Year	Course Name and Number	Course Instructor

Field Experience Level: _____

Please mark the rating that best reflects your evaluation of the resident/candidate in each of the five items below.

Attendance

3 outstanding **2** satisfactory **1** unsatisfactory

Met My Expectations

3 outstanding **2** satisfactory **1** unsatisfactory

Fulfilled University Requirements

3 outstanding **2** satisfactory **1** unsatisfactory

Grade

A outstanding **B** satisfactory **C** unsatisfactory **D** incomplete

Professionalism

3 outstanding **2** satisfactory **1** unsatisfactory **0** counseling suggested

Please mark only items in this section which are judged to be Outstanding (+) or which Need Attention (-).

- | | |
|---|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Interaction with Adults |
| <input type="checkbox"/> Appearance/Dress | <input type="checkbox"/> Interaction with Children |
| <input type="checkbox"/> Voice and Speech | <input type="checkbox"/> Content Knowledge |
| <input type="checkbox"/> Personality | <input type="checkbox"/> Oral Communication Skills |
| <input type="checkbox"/> Enthusiasm | <input type="checkbox"/> Written Communication Skills |
| <input type="checkbox"/> Cooperative Attitude | <input type="checkbox"/> Presentation Skills |
| <input type="checkbox"/> Emotional Stability | <input type="checkbox"/> Evaluation Skills |
| <input type="checkbox"/> Initiative | <input type="checkbox"/> Management Skills |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Creativity |
| <input type="checkbox"/> "Likes Children" | <input type="checkbox"/> Use of Supplementary Materials |
| <input type="checkbox"/> Accepts Constructive Criticism | <input type="checkbox"/> Provision for Individual Differences |