

(Return completed form to Human Resources two weeks prior to end of student teaching period.)

This part to be completed by student teacher

Name _____		
LAST	FIRST	MIDDLE INITIAL
Permanent Address _____		
Telephone _____	Cell Phone _____	
Emergency Contact _____		Phone _____
School Assigned _____		Grade/Subject _____
College Attending _____		
Field _____	Date of Graduation _____	
	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master
Email address _____		

	Excellent	Good	Fair	Poor
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills				
• Voice and speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Command of English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality Factors				
• Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Initiative – Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Teamwork/Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Empathy for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Considerations				
• Creativity-Imagination-Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use of Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Knowledge of field or subject (including current concepts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Teaching performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: _____

Recommendation: Would hire Some doubt Not recommended

Reasons: _____

Would you want this person as a member of your staff? Yes No

Cooperating Teacher: _____ Principal _____
 Date of Report: ____/____/____