



Initial Teacher Licensure Program  
Lincoln Memorial University  
**Cooperating Teacher/Mentor Feedback Form**

(Please Check)
Undergraduate: _____
MEd ITL: _____
Adv/OSP: _____

Please check month:					
___Jan	___May	___Sept	___Feb	___Jun	___Oct
___Mar	___Jul	___Nov	___Apr	___Aug	___Dec

Candidate name(s): \_\_\_\_\_ Cooperating Teacher/Mentor \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Subject(s): \_\_\_\_\_

**DIRECTIONS:** Please use the following descriptors to indicate your teacher candidate's performance: **4 = Above Expectations; 3 = At Expectations; 2 = Below Expectations; 1 = Significantly Below Expectations; 0 = Not Observed/Not Applicable.** These scores should indicate general performance of the teacher candidate. For each of the categories below, please **CIRCLE** the appropriate descriptor. If sent electronically, please mark with an **X** in the category; do not highlight.

	(4) Above Expectations	(3) At Expectations	(2) Below Expectations	(1) Significantly Below Expectations	(0) Not Observed/ Applicable
<b>PLANNING: InTASC Standards 1, 3, 7; TLS 1, 2, 7; IS 2, 4, 13</b>					
Knowledge of Content	4	3	2	1	0
Curricular and Instructional Planning	4	3	2	1	0
Organizational Skills	4	3	2	1	0
Use of Self-Assessment to Analyze and Implement Teaching	4	3	2	1	0
<b>TEACHING STRATEGIES: InTASC 2, 4; TLS: 1, 2, 4, 6, 11; IS: 1, 2, 4, 5, 10, 12</b>					
Appropriate Teaching Strategies	4	3	2	1	0
Presentation Skills	4	3	2	1	0
Variety of Tools and Strategies	4	3	2	1	0
Use of Technology	4	3	2	1	0
<b>ASSESSMENT AND EVALUATION: InTASC 8; TLS: 2, 7, 8; IS: 8, 9, 14</b>					
Appropriate Diagnosis and Evaluation of Students	4	3	2	1	0
Appropriate Modification of Instruction as Necessary for Diverse Learners	4	3	2	1	0
<b>LEARNING ENVIRONMENT: InTASC 5; TLS: 1, 5, 3, 9, 10; IS: 10, 12, 15, 16</b>					
Enthusiasm for Teaching	4	3	2	1	0
Student Rapport	4	3	2	1	0
Classroom Management	4	3	2	1	0
Ability to Motivate and Involve Students in Classroom Activities	4	3	2	1	0
Classroom Environment	4	3	2	1	0

	(4) Above Expectations	(3) At Expectations	(2) Below Expectations	(1) Significantly Below Expectations	(0) Not Observed/ Applicable
<b>PROFESSIONAL GROWTH: InTASC 9, 10; TLS: 1; IS: 3, 4, 6, 7, 11, 17</b>					
Professional Appearance and Manner	4	3	2	1	0
Dependability and Assumption of Responsibility	4	3	2	1	0
Maturity of Judgment	4	3	2	1	0
Emotional Poise	4	3	2	1	0
Ability to Work with Faculty	4	3	2	1	0
Assumption and Understanding of Professional Responsibilities	4	3	2	1	0
<b>COMMUNICATION: InTASC 6; TLS: 1, 2, 4, 6; IS: 4, 12, 14</b>					
Appropriate Written and Oral Communication with Faculty	4	3	2	1	0
Appropriate Written and Oral Communication with Students	4	3	2	1	0
Appropriate Written and Oral Communication with Parents	4	3	2	1	0
<b>OVERALL RATING</b>					
	4	3	2	1	0

**Comments:**

**Signature of Cooperating Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE CONTACT ME** (Check if appropriate): \_\_\_\_\_ Phone: \_\_\_\_\_

For **Initial Teacher Licensure—Undergraduate** candidates, this feedback form is to be completed and submitted **on the 30<sup>th</sup> of each month** to the LMU Clinical Faculty/Field Supervisor.

For **Masters of Education Initial Teacher Licensure** candidates, his feedback form is to be completed and submitted **on the last day of each month** to both the LMU AKA field supervisor, seminar instructor, and field experiences coordinator.

Please place your feedback form in the provided self-addressed, stamped envelope with your signature written across the seal or submit electronically.