

Mentor Quick-Check Evaluation Form

Please complete and turn in to the Supervisor at each formal observation.

Name of Mentor: _____ Date: _____

Name of Student Teacher: _____

<i>Please check the level at which your student teacher performs</i>	<i>Above Expectations</i>	<i>At Expectations</i>	<i>Below Expectations</i>
Ethical Behavior			
Personal Appearance			
Health and Physical Energy			
Voice Quality			
Tact			
Enthusiasm			
Willingness to Accept Criticism			
Dependability			
Promptness and Thoroughness			
Oral Communication Skills			
Written Communication Skills			
Decision-Making Skills			
Content Knowledge			
Initiative			
Management of Instructional Time			
Management of Student Behavior			
Provision for Feedback to Students			
Planning and Use of Resources			
Use of a Variety of Strategies			
Interaction with Students			
Interaction with Co-workers			
Assumption of Non-Instructional Duties			
Evidence of Professional Growth			
Lesson/Unit Plans Turned in On Time			

On back of sheet, please describe an event that exemplifies your biggest brag and/or your deepest concern about your student teacher. Be candid.