

Residency Midterm & Final Evaluation -- Mathematics

Dept. 3374

1000 E. University Ave.

Laramie, WY 82071

(307) 766-3275

Student Teacher's Name _____

Teaching Area _____

Please mark one:

MIDTERM _____

FINAL _____

Mentor Teacher, please respond to each of the competencies with the appropriate rating, based on the rubric notations and your observations of this student teacher. Comment on partial completion of outcomes to accurately represent the student teacher's progress.

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1. Professional behavior and ethical conduct _____
 2. Effective work with diverse learners _____
 3. Positive and effective classroom climate _____
 4. Content-specific pedagogy with standards and learner's need _____
 5. Adequate content knowledge in teaching field and ability to gather additional content and/or resources as needed _____
 6. Alignment of instructional practices and assessment _____
 7. Sensitivity to school, community, global cultures _____
 8. Consideration of legal and safety rules and emergency situations _____
 9. Appropriate use of school and community resources _____
 10. Appropriate application of knowledge of human growth and development _____
 11. Effective oral and written communication skills _____
 12. Appropriate use of technology _____
 13. Working effectively in a variety of ways with parents _____
 14. Participating in the professional life of school and/or district _____
 15. Demonstrates competence in continuing development as a professional educator, and self-assessment and inquiry techniques _____
 16. Communicates mathematical thinking both orally and in writing _____
 17. Analyses and evaluates the mathematical thinking and strategies of others _____
 18. Mathematical Problem Solving is used to build conceptual understanding _____
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Narrative Statement: Please write a narrative statement describing this person's competence as a preprofessional teacher based on your observations and professional judgment to date. Attach an additional (or separate) page if necessary.

Location of Student Teaching: School: _____

City, State: _____

PLEASE OBTAIN ALL SIGNATURES BEFORE FORWARDING THIS EVALUATION TO THE UW FACULTY/CONSULTANT

Complete by: _____ Date: _____

Signature of mentor teacher

_____ Date: _____

Signature of student teacher

Received by: _____ Date: _____

Signature of UW Faculty/Consultant

PLEASE INITIAL ONE OF THE TWO CHOICES BELOW:

_____ I would like this student teaching evaluation to be included in my placement file.

_____ I WOULD NOT like the student teaching evaluation to be included in my placement file.