****

**COOPERATING TEACHER – LESSON FEEDBACK FORM**

STUDENT TEACHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  DATE:  |
| LESSON TAUGHT (observe 2-3 lessons per week):     |

|  |  |  |  |
| --- | --- | --- | --- |
| High Points of Lesson: (check)  |   |   | Areas Which Could Improve: (check)  |
|   |  |   |
| Planning  |   | Planning  |   |
| Presentation  |   | Presentation  |   |
| Materials Used  |   | Materials Used  |   |
| Pupil / Teacher Rapport  |   | Pupil / Teacher Rapport  |   |
| Evaluation of Lesson  |   | Evaluation of Lesson  |   |
| Control  |   | Control  |   |

Cooperating Teacher Comments:

Student Teacher Comments:

|  |  |
| --- | --- |
|   |   |

 Student Teacher Signature Cooperating Teacher Signature