****

**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