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