VALIDATION/ASSESSMENT OF OUR CLINICAL EXPERIENCES PROGRAM
(Completed by Cooperating Teacher)

STUDENT TEACHER/INTERN _______________________________ TERM ________________

UNIVERSITY SUPERVISOR _______________________________ YEAR ________________

Note: The purpose of this validation/assessment is to maintain and improve the quality of our clinical program.

Directions: Circle the appropriate response at the right of each question. (N.A. means not applicable)

CIRCLE YOUR RESPONSE

DID THE CLINICAL EXPERIENCES OFFICE:

1. Provide you with information/materials in a timely manner?  X  X  X
2. Respond to requests for assistance and/or information promptly?  X  X  X

Please offer suggestions for improvement.

DID THE STUDENT TEACHER/INTERN:

1. Demonstrate general readiness for the experience?  (If not, please give specific information below.)  X  X  X

Please offer suggestions for improvement.

DID THE UNIVERSITY SUPERVISOR:

1. Acquaint you with UW-P requirements for student teaching?  X  X  X
2. Review his/her expectations for the student teacher/intern and the cooperating teacher?  X  X  X
3. Accomplish 1 and 2 above prior to or during the second week of the student teaching/internship assignment?  X  X  X
4. Observe the student teacher/intern's classroom performance (at least two observations per eight weeks totaling a minimum of three hours)?  X  X  X
5. Hold post-observation conferences (a minimum of two per eight weeks) with you and the student teacher/intern to discuss ways to help the student?  X  X  X
6. Respond to requests for assistance and/or information?  X  X  X

Comments/Suggestions: