**WVSU Resident Teacher Evaluation of Faculty Supervisor**

\*To be completed by Resident Teacher

Resident Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Content/Grade Level\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Placement School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperating Resident Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quality of Supervision**

**Specific Supervisory Task**  (Circle one) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High Quality Moderate Low Quality**

My Faculty Supervisor:

1. Displayed an understanding of the 5 4 3 2 1

WVSU Residency Program.

2. Assisted with the implementation of my 5 4 3 2 1

SCOPE/TPA lessons and provided feedback.

3. Served as an effective role model by 5 4 3 2 1

demonstrating or discussing effective teaching

methods and techniques.

4. Provided continual, on-going evaluation of 5 4 3 2 1

my performance.

5. Provided purposeful recommendations, discussed 5 4 3 2 1

alternative methods, and encouraged interactive

teaching in accordance with their role as my

Faculty Supervisor during this experience.

6. Provided adequate time for planning with me and 5 4 3 2 1

providing necessary feedback.

7. Encouraged involvement in extracurricular 5 4 3 2 1

responsibilities/activities and involvement/

attendance at professional meetings.

8. Served as an effective role model by exhibiting 5 4 3 2 1

professional dispositions during observations and

other interactions.

**FOCUS AREAS: Planning, Feedback, Effective Practices (Instruction, Management, Collaboration), Nurturing Professional Development**

Strengths (List specific things your Faculty Supervisor did to foster development in these areas.)

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Suggestions for Improvement (List specific things that would have improved the quality of your experience.)

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Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Resident Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete form and return to Manager of Clinical and Field Experience, Darby Brown, Wallace Hall 626