

Form A

Weekly Teaching Candidate Self-Evaluation

Name Week # 1

School

Grade Level/Subject Taught

What activities of the past week had particular significance for you? Why?

Describe two strengths that you noticed in your teaching this week. How are these seen as strengths?

Describe two areas in your teaching this week that you would like to improve. How did you determine these areas? Describe why you feel they are in need of improvement.

Describe how you could make improvements in these areas.

Write one goal for yourself that you will work on next week (should relate to the areas of improvement mentioned above).

\_\_\_\_\_  
Teaching Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cooperating Teacher's Signature

\_\_\_\_\_  
Date

This form must be mailed, faxed, e-mailed or hand delivered to the College Supervisor each Friday afternoon. It must be postmarked on Friday.

*Weekly Time Sheet*

Name \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Cooperating Teacher \_\_\_\_\_

Keep this record daily, in hours to the nearest ¼ hour.

Activities	S	M	T	W	T	F	S	Total
Observations students, teachers								
<b>Preparing</b> lesson plans, bulletin boards								
Direct student contact, teaching small groups, etc.								
Other Teaching duties field trips, grading, activities								
<b>Conferences</b> teacher, principal, parents								
Professional meetings faculty, in-service, PTA								
<b>Other activities</b>								
<b>Travel time</b>								
<b>Total</b>								

**Circle appropriate week number: 1**

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