

EVALUATION OF PROFESSIONAL DISPOSITIONS

Candidate's Name _____ Date: _____
 Grade / Name of School _____

RATING SCALE: **4 = All of the time** **1 = None of the time**
3 = Most of the time **N/O = Not Observed**
2 = On occasion

DIRECTIONS:

Using the scale above, circle the appropriate number for each of the professional qualities listed. During the observation participation or student teaching experience the candidate was:

Comments

1. punctual and dependable	4	3	2	1	N/O
2. professional in appearance and manner	4	3	2	1	N/O
3. enthusiastic about teaching and the students	4	3	2	1	N/O
4. establishing rapport with all students	4	3	2	1	N/O
5. willing to take initiative	4	3	2	1	N/O
6. showing resourcefulness	4	3	2	1	N/O
7. communicating clearly and effectively	4	3	2	1	N/O
8. self-confident	4	3	2	1	N/O
9. using sound judgment	4	3	2	1	N/O
10. accepting feedback and suggestions	4	3	2	1	N/O
11. working cooperatively with others	4	3	2	1	N/O
12. demonstrating a willingness to take advantage of self-improvement opportunities	4	3	2	1	N/O

Please add additional comments on the back of this form

This evaluation was completed by: _____
 (Supervisor and /or Cooperating Teacher's Signature)

This evaluation was discussed with the candidate _____
 (Candidate's Signature)