PRINCIPAL’S FEEDBACK OF USM TEACHER CANDIDATE

PRINCIPAL NAME: ___________________ SCHOOL DISTRICT: ________________

SCHOOL: ________________________________

TEACHER CANDIDATE’S NAME: ________________________________

Please circle:

Student Classification:  Elem. Education  Special Education  Secondary  K-12

Mark the following:

+ (appropriate/effective)
- (inappropriate/improvement needed)
O (not observed)

_______ Professional attire
_______ Professional demeanor
_______ Oral communication
_______ Interview with principal
_______ Preparedness, based on personal observation or cooperating teacher’s input
_______ Assertiveness
_______ Participation in all aspects of school culture

________________________

*Optional Comments:

*Strengths:

_____________________________________________________________________

*Weaknesses:

_____________________________________________________________________

PLEASE FAX TO EFE: 601-266-4427