CANDIDATE NAME______________________________________________________________________________________________
(Please print) Last    First     Middle

AREA OF CONCENTRATION_______________________________________________ GRADUATION DATE___________________

NOTE TO THE CANDIDATE AND TO THE EVALUATOR: The Family Educational Rights and Privacy Act of 1974 opens many
student records for the student's inspection, including references and evaluations. The law also permits the student to waive the right to
inspect references, thus making them confidential. The Career Development Center deems, to the best of our knowledge, that the content
of a reference marked confidential has not been shared with the candidate.

Please designate whether the reference below is to be: ____ CONFIDENTIAL or ____ NON-CONFIDENTIAL
Candidate's Authorizing Signature
(Failure to indicate a designation shall result in the reference being considered NON-CONFIDENTIAL in every situation.)

STUDENT TEACHING ASSIGNMENT:

School ______________________________________        Grade Level _______________          Dates ____________________________

PROFESSIONAL 3 = Strong performance; better than expected for a beginner
PREPARATION 2 = Satisfactory performance; should do an adequate job with a minimum of supervision
RATINGS: 1 = Minimal performance; will need extensive supervision, guidance and support
Leave blank if unable to evaluate

<table>
<thead>
<tr>
<th>Adaptability</th>
<th>Dependability</th>
<th>Initiative</th>
<th>Decision-making ability</th>
<th>Resourcefulness</th>
<th>Professional appearance</th>
<th>Professional attitude</th>
<th>Communication -- oral</th>
<th>Communication -- written</th>
<th>Rapport with children</th>
<th>Rapport with parents &amp; caregivers</th>
<th>Consultative ability</th>
<th>Familiarity with New York State Learning Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning and preparation</td>
<td>Guiding learning activities</td>
<td>Using instructional materials</td>
<td>Command of subject matter</td>
<td>Management and organization</td>
<td>Providing for individual needs</td>
<td>Use of a variety of assessment techniques</td>
<td>Responds appropriately to suggestions</td>
<td>Use of behavior management techniques</td>
<td>Commitment to professional development</td>
<td>Potential for growth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OVERALL PREPARATION RATING

Comments:

Signature of Evaluator ___________________________________________ Date________________________
Name__________________________________________________________ Position__________________________
Organization____________________________________________________ Telephone_________________________

NOTE: When you have completed this form, please return it directly to the Career Development Center at the address listed above.
No confidential reference will be accepted if delivered by the candidate. Thank you.

Updated 8/15/08