RECOMMENDATION FORM

DATE: _____________________________

Circle one: U.S. or CANADIAN

SCHOOL: ______________________________________

BOARD OF EDUCATION: ______________________________________

STUDENT TEACHER'S NAME: _____________________________

COOPERATING/ASSOCIATE TEACHER: _____________________________

Circle one: SECONDARY PROGRAM ELEMENTARY PROGRAM

If Secondary: SUBJECT/CONCENTRATION AREA: _____________________________

If Elementary: GRADE LEVEL: _____________________________

Would you recommend this Cooperating/Associate Teacher for future placements?
Check one: _______ YES _______ NO

Why? Please comment below:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
SUPervision QuesTIOnnaire

Date: ___________________ Supervisor's Name: __________________________

Please fill in the blank(s) and comment: Please circle - YES or NO

1. When did the Niagara University supervisor visit your school to conduct an observation? __________________________
   Was the amount of interaction satisfactory? YES NO
   Why? Please comment: __________________________________________

2. Was the supervisor available? YES NO
   a) Did the supervisor keep appointments? YES NO
   b) Did the supervisor return your calls/e-mails? YES NO
   Please comment: __________________________________________

3. During the observation, the University Supervisor provided the opportunity for the students to:
   a) reflect on their content, professional and pedagogical knowledge, skills, and dispositions? YES NO
   b) discuss student teaching within the context of the Niagara University conceptual framework? YES NO
   Please comment: __________________________________________

4. Did you feel free to talk to the supervisor about:
   a) concerns/issues that related to teaching? YES NO
   b) problems encountered? YES NO
   Please comment: __________________________________________

5. In general - was the supervision helpful? YES NO
   a) was the University Supervisor able to provide constructive feedback regarding the N.Y. State Standards/Ontario Expectations within our conceptual framework? YES NO
   Please comment: __________________________________________

GENERAL COMMENTS, SUGGESTIONS (use back for further comments, if necessary) __________________________________________

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