



Foundations Practicum Mentor Teacher Evaluation Form

This form must be filled out by the Mentor Teacher upon completion of the practicum and signed by both student and mentor teacher. Students will submit the completed evaluation to Canvas **AND** email it to the course instructor, copying the mentor teacher at their school email address. (If the form is missing signatures or the mentor teacher is not copied on the email, the evaluation **cannot** be accepted.)

Teacher Candidate: _____ Grade or Subject: _____

Evaluator Name: _____

Did the pre-service teacher candidate complete each of the thirteen 4-hour sessions in your classroom that they were assigned, making up any sick days or school holidays?	YES	NO
Did the pre-service teacher candidate behave professionally during their time in your classroom (i.e., punctual, focused, professionally dressed, with appropriate self-presentation)?	YES	NO
Did the pre-service teacher candidate communicate appropriately and effectively with you and others in the school (including other teachers, aides, staff, administrators, students and parents)?	YES	NO
Do you have concerns about the dispositions, attitudes, behaviors or performance of this pre-service teacher?	YES	NO

Student Signature: _____ Date: _____

Mentor Signature: _____ Date: _____