West Chester University Teaching Internship Performance Rating Form—Signature Page

Candidate's Name _____

Candidate's West Chester University (WCU) ID Number _____

First Placement

Semester and Year _____

Program (e.g., Early Grades Prep.) _____

Academic Career _____

Internship School _____

Cooperating Teacher _____

Subject(s)/Grade(s) _____

WCU Faculty Member _____

This evaluation has been completed by:

_____

Signature of Candidate Date

This evaluation has been completed by:

_____

Signature of Cooperating Teacher Date

This evaluation has been completed by:

_____

Signature of WCU Faculty Member Date

I have read my final evaluation:

_____

Signature of Candidate Date

Second Placement

Semester and Year _____

Program (e.g., Early Grades Prep.) _____

Academic Career _____

Internship School _____

Cooperating Teacher _____

Subject(s)/Grade(s) _____

WCU Faculty Member _____

_____

Signature of Candidate Date

_____

Signature of Cooperating Teacher Date

_____

Signature of WCU Faculty Member Date

_____

Signature of Candidate Date