



**Preservice Teacher Evaluation Form**  
**Year 1**  
**Initial Assessment**

Preservice Teacher Name:	
Practicum School:	
University Advisor Name:	
Associate Teacher Name:	
Grade Level/Courses:	

**Rating Scale**

<b>NFD</b>	Needs Further Development
<b>DAE</b>	Developing as Expected

Assess the following learning indicators	NFD	DAE
a. Demonstrates initiative and enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>
b. Maintains a friendly and professional manner	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates dependability and punctuality	<input type="checkbox"/>	<input type="checkbox"/>
d. Demonstrates adaptability and a willingness to explore new ideas/strategies	<input type="checkbox"/>	<input type="checkbox"/>
e. Responds to feedback and situations with maturity	<input type="checkbox"/>	<input type="checkbox"/>
f. Responds promptly and respectfully to all communication regarding the practicum	<input type="checkbox"/>	<input type="checkbox"/>
<b>AT Comments</b>		
<div></div>		

**UA Comments****Assess the following skills and knowledge indicators****NFD****DAE**

a. Is aware of the curriculum documents necessary for upcoming lessons/units

☐☐

b. Has knowledge of the content area they will be covering in upcoming lessons/units

☐☐

c. Develops positive, supportive, and respectful relationships with students

☐☐

d. Assists in managing classroom routines

☐☐

e. Models' collegiality, integrity, fairness, and accountability

☐☐

f. Models' professionalism through punctuality, conduct, and communication

☐☐**AT Comments****UA Comments**

## Overall Recommendation

Performance <b>MEETS</b> Expectations (DAE in 8+ indicators)	<input type="checkbox"/>
*Performance <b>Does NOT Meet</b> Expectations (DAE in 0-7 indicators)	<input type="checkbox"/>

***\*If the overall recommendation is that the pre-service teacher's performance does NOT meet expectations, the Additional Support Process needs to be implemented immediately.***

We have reviewed this assessment with the preservice teacher ☐

Date Submitted: \_\_\_\_\_

Associate Teacher Signature: \_\_\_\_\_

University Advisor Signature: \_\_\_\_\_

Please return **no later than April 24<sup>th</sup>** to Mount Saint Vincent University, Faculty of Education, SAC 449, 166 Bedford Highway, Halifax, NS, B3M 2J6 or email [BEdPracticum@msvu.ca](mailto:BEdPracticum@msvu.ca).

Please use "nameyr1initia1" as the file name

***Reports sent electronically, via email attachment, are standardly considered, for our purposes, to be an acceptable alternate to one with a handwritten signature.***

