

EVALUATION OF DEAF EDUCATION CLINICIAN - FINAL EVALUATION FORM

by Master Teacher

Student Clinician Classroom Teacher

School Date (Final Evaluation)

Subject/Topic

Please use blue ink for the First Evaluation, date, checks, and comments.

Please check the appropriate boxes, using the ratings. Leave an area box blank if there has been insufficient opportunity to evaluate this area or if comments would do more adequately.

Use spaces below the rating boxes for any comments you may wish to make.

Personal Characteristics

Personal traits, character, appearance, speech/signing, language usage, judgment, and cooperation.

Unsatisfactor y	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Skills

Knowledge of subject, planning/preparation, materials, teaching techniques, presentation skills, and behavior management.

Unsatisfactor y	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Professional Attributes

Attitude, cooperation, participation in professional organizations/activities.

Unsatisfactor y	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Probable Success as a Teacher

Able to assess own performance accurately. Accepts suggestions. flexible & able to modify lessons appropriately.

Unsatisfactor y	Below Average	Average	Above Average	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signatures:

Classroom Teacher

Date (Final Eval)

Student Clinician

Date (Initial)