**Professional Evaluation for Interns**

Intern’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Name (Please Print First and Last Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation Due Date: **See Class Syllabus/Instructor**

Directions: The purpose of this evaluation is to provide Estrella Mountain Community College with specific, pertinent information regarding the intern’s progress and performance in the field. For each attribute mark the adverb that accurately describes the frequency with which the intern typically displays each behavior. Please elaborate further in the comment section with information that will help the intern continue to improve.

Always Sometimes Never Unable to Judge Comments\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Intern relates easily and positively

with students.

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2. Intern perceives students’ needs and

attends to them without prompting.

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3. Intern approaches teaching with basic

confidence and clarity of purpose.

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4. Intern critically examines his/her

teaching practices.

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5. Intern maintains a professional

appearance.

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6. Intern is present on designated days

or notifies school/mentor when absent.

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7. Intern is punctual.

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8. Intern is enthusiastic toward teaching

and learning.

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9. Please identify the **major strengths** of this intern.

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10. Please identify **areas of refinement** for this intern.

11. This intern has completed \_\_\_\_\_\_\_\_\_\_\_ total hours to date.

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12. Our signatures verify discussion of this evaluation.

Intern \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_