

Indiana University of Pennsylvania

Teacher Education Office
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Supervisory Observation

Student Teacher: _____ Date: _____ Subject: _____

School: _____ Cooperating Teacher: _____

Comments on:

Personal Appearance: _____ Poise and Confidence: _____

General Rapport with Class: _____ Communication Skills: _____

Organization & Management: _____ Use of Instructional Materials: _____

General Comments and Suggestions

Student Teacher Signature

University Supervisor Signature