

**ALABAMA STATE UNIVERSITY  
COLLEGE OF EDUCATION  
OFFICE OF FIELD AND CLINICAL EXPERIENCES  
STUDENT INTERN OVERALL EVALUATION FEEDBACK  
University Supervisor**

**Date:** mm/dd/yyyy

**Semester:**

Fall 2014

**Student Intern Name:**

**CWID:**

**University Supervisor Name:**

**Cooperating Teacher Name:**

Please complete the following fields indicating the overall assessment of the Student Intern's teaching experience. **Be sure the overall assessment reflects the scores reported on both formal and informal observations.**

Please evaluate the student intern using the following scale (Select the drop down box next to question 1)

- (1) Emerging (Beginner)
- (2) Applying (Basic)
- (3) Integrating (Proficient)
- (4) Innovating (Exceptional)

**1. Based on all formal and informal observations conducted throughout the Student Intern's internship experience, how would you rate the student intern's overall performance?**

Select Score---->

**2. List at least three overall strengths exhibited by the Student Intern**

**3. List at least three overall weaknesses exhibited by the Student Intern**

**4. FINAL GRADE:** Indicate your final grade by selecting from the drop down box

Select Grade --->

**Note:** a final grade of D or F indicates that the student did not pass internship.

**5. Additional Comments:**

