

Education Specialist Preliminary Credential Program
CSULB College of Education
587/588 Advanced Field Study and Seminar
Formative Evaluation

Name of Candidate: _____ University Supervisor: _____
Course: _____ M/M or M/S Semester: _____ Mentor/Master Teacher: _____

Directions for Rating: Please rate each of the following items on a scale of 1 – 4 (1 = competency not demonstrated; 2 = competency demonstrated at emerging level; 3 = competency demonstrated at beginning level; 4 = competency demonstrated at advanced level). If the item is not applicable or there was no opportunity to observe, please write in N/A (not applicable) or N/O (not observed). Please

V. Managing the Teaching and Learning Environment		
Managing the Teaching and Learning Environment	1 2 3 4	
Narrative Comments:		
VI. Professionalism and Interpersonal Skills		
A. Communication	1 2 3 4	
Narrative Comments:		
B. Collaboration	1 2 3 4	
Narrative Comments:		
C. Professionalism	1 2 3 4	
Narrative Comments:		
VII. Moderate-Severe Disability-Specific Competencies		
Moderate/Severe	1 2 3 4	
Narrative Comments:		
Overall Comments:		

Signature _____ Date _____

_____ Date _____

Mentor/ A _____ Date _____