

STEP 1 - Mentor Teacher Feedback Form

Please fill this out and hand to students before he/she leaves your class.

Mentor Teacher Name: _____

Date: _____ **Time:** _____ **to** _____ **TEACH #1 #2 #3**
 (mm/dd/yy)

OSU Teach student(s) 1. _____ **2.** _____

Observed:	Exceptional	Acceptable	Keep Working
Arrived on time (at least 10 minutes early).			
Was well prepared & dressed appropriately.			
Clearly communicated lesson objectives to students and checked for understanding throughout the lesson.			
Gave clear instructions, including safety issues, for activity.			
Smiled. Made eye contact with students.			
Addressed students by name.			
Spoke clearly, with appropriate volume.			
Asked probing questions of students.			
Addresses student misconceptions and/or avoids creating misconceptions.			
Involved all students in activity.			
Managed the activity materials well.			

Strengths I observed:

Areas for growth: