PROFESSIONAL INTERNSHIP – MID/FINAL MEETING FORM

Directions: This form is to be completed at mid-term and again at the final meeting between the field student, cooperating teacher and university supervisor. At these meeting, the cooperating teacher and university supervisor will discuss with the intern his/her performance as rated on the Professional Internship Performance Competency Assessment Worksheet and then complete and sign this sheet. Once signed by all parties, this form is to be returned to the Teaching Performance Center no later than the one week after the end of the semester. After the meeting, both the cooperating teacher and university supervisor should submit the student’s formal assessment online.

O Mid-Term Assessment    O Final  Assessment        Date: ___________________ Semester: _____________ ________

Student Name: ________________________________________________________________________________________

Certification/Program: ________________________________________________________________________________

Supervisor Name: _____________________________________________________________________________________

Cooperating Teacher Name: ____________________________________________________________________________

School District: ____________________________________ School: ________________________________________

After observation, evaluation and discussion, it has been determined that the above named student has achieved the following scores and level of success for this field experience:

   Supv Mid/Final Score: _____________ Date assessment submitted online: ________________
   Coop Mid/Final Score: _____________ Date assessment submitted online: ________________

Complete the following section for the Final assessment only:

   _____ Accomplished Professional Intern
   _____ Satisfactory Professional Intern
   _____ Unsatisfactory Professional Intern

Student Signature: _______________________________________________________________________

Supervisor Signature: _____________________________ ________________________________________

Cooperating Teacher Signature: ____________________ _________________________________________