STEP 2 - 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)

OSUTeach student(s) 1._____ 2._____

Teacher Presence:

**Check indicates that student is on target for the following:*

___Starts and ends on time	___Observes the dress code.	___Is cheerful (smiles) and maintains a professional demeanor (is polite).	___Speaks with appropriate volume and clarity.	___Uses student names.
___Makes lesson objectives clear.	___Gave clear instructions.	___Uses time efficiently.	___Redirects off-task behaviors.	___Uses effective classroom procedures

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Engagement

	Exceptional	Acceptable	Keep Working
Engage is Relevant to lesson content			
Captures student's attention			

Explore

	Exceptional	Acceptable	Keep Working
Gives clear and concise directions			
Incorporates cooperative learning productively			

Explanation

	Exceptional	Acceptable	Keep Working
Uses questioning strategies that guide the students' understanding			
Students participated in the discussion			

Elaboration

	Exceptional	Acceptable	Keep Working
Provides an opportunity for students to apply what they have learned.			

Evaluation

	Exceptional	Acceptable	Keep Working
Evaluates student learning throughout the lesson			
Summarizes student learning and closes the lesson			

Comments: