

CENTRAL MICHIGAN UNIVERSITY

Student Teaching Observation Form

Student Teacher _____ Time _____

Classroom Teacher _____ Class period/Grade _____

School _____ Date: _____

Observation #1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ Video _____

Student Signature _____

This signature indicates that the student has seen this summary. It in no way implies student approval of the substance contained herein.

University Coordinator _____

Please keep designated copy: White – Student Teacher Pink – Coordinator Canary – Classroom Teacher Gold – Student Teaching
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PLEASE USE FINE POINT PEN AND PRESS FIRMLY.