TEACHING FELLOW EVALUATION

Evaluation Date: ______________________________

Name of Teaching Fellow: ______________________________

Teaching Fellow Student #: ______________________________

Major Professor: ______________________________

Name of Student Observed: ______________________________

Location of Observed Lesson: ______________________________

Material Presented and Taught:

Essential Strengths of the Teaching:

Areas for Improvement:

Overall Evaluation (low) 1 2 3 4 5 (high)

Signature of Student Observed: ______________________________

Signature of TF Observed: ______________________________

Evaluator’s Signature: ______________________________

The completed form should be kept on file with the major professor and a copy given to the Teaching Fellow.