

Augusta State University  
 College of Education  
 Department of Educational Leadership, Counseling, & Special Education  
 (It is imperative that the student returns this form to their ASU instructor.)

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
 Program: \_\_\_\_\_ Semester: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
 School: \_\_\_\_\_ Field Teacher: \_\_\_\_\_

**Rating Scale**

1 = Unsatisfactory level - not competent at this time  
 2 = In progress level - approaching competence  
 3 = Proficient level - level of competence  
 4 = Exemplary level - level of excellence/mastery  
 N/O = Not observed

QUALITY	RATING					COMMENTS
	1	2	3	4	N/O	
Integrity/Honesty						
Punctuality						
Attitude towards learning						
Interaction with colleagues						
Initiative						
Resourcefulness						
Maturity/Responsibility						
Ability to deal with criticism						
Emotional stability						
Professional appearance						
Sense of humor						
Confidentiality						
Poise and confidence						
Flexibility and adaptability						
Correct use of language						

Suggestions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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