Mathematics/Teaching Student Performance Feedback

Student Name _______________________________________
Student ID Number _______________________________________
Organization _______________________________________
Student Job Title _______________________________________

Term    □ Winter (Jan-Apr)   □ Spring (May-Aug)   □ Fall (Sept – Dec)    Year: 20____

Supervising Teacher’s Guidelines for Completion

• This form should be completed by the Head of Department or Supervising Teacher.
• The Mathematics/Teaching Student Performance Feedback form is intended to provide students with information specific to their teaching duties. Students will use the information provided on this form to identify areas of strength and opportunities for improvement and may submit this form as a reference to future employers.
• This form is complementary to, but not a replacement for, the Student Performance Evaluation Form. Mathematics/Teaching Students final recorded grade for their teaching term experience is based upon the information submitted on the Student Performance Evaluation Form.
• Once completed, please provide a copy of the completed form to the student for their records. This form does not need to be submitted to the University of Waterloo.

If you have any questions regarding this form, please contact Dean Murray at d3murray@uwaterloo.ca.

Based on your observations of the Co-operative Teaching Student’s performance in the classroom, please provide comments under the following headings:

Competence in the Subject Fields(s):

Classroom Management and Discipline Skills:

Planning, Organization and Teaching Method:
Student Involvement and Interest:

Pacing and Timing:

Oral and Written Communication Skills:

Pupil - Teacher Rapport:

Additional Comments:

Please confirm that you have also completed and submitted the student’s Student Performance Evaluation Form to the University of Waterloo, so that the student can receive co-op credit for this teaching term.

Yes, I have submitted this student’s Performance Evaluation Form □ Not Applicable □

Supervising Teacher’s Name (Please Print) __________________________ Signature __________________________ Date

Student’s Name (Please Print) __________________________ Signature __________________________ Date