

Education Specialist Preliminary Credential Program

CSULB – College of Education

587/588 Advanced Field Study and Seminar

Formative Evaluation

Name of Candidate: _____ University Supervisor: _____

Course: _____ M/M or M/S Semester: _____ Mentor/Master Teacher: _____

Directions for Rating: Please rate each of the following items on a scale of 1 – 4 (1 = competency not demonstrated; 2 = competency demonstrated at emerging level; 3 = competency demonstrated at beginning level; 4 = competency demonstrated at advanced level). If the item is not applicable or there was no opportunity to observe, please write in N/A (not applicable) or N/O (not observed). Please provide a justification for your rating under the section on narrative comments.

Please include the source of information used to rate the demonstration of the competency (O = observation; I = Interview; P = Portfolio; X = other).

I. Historical and Legal Foundations		
Foundations	1 2 3 4	
Narrative Comments:		
II. Assessment Competencies		
	Rating	Data Source
A. Assessment for Planning	1 2 3 4	
Narrative Comments:		
B. Ongoing Monitoring and Evaluation	1 2 3 4	
Narrative Comments:		
III. Program Planning Competencies		
Program Planning	1 2 3 4	
Narrative Comments:		
IV. Instructional Implementation Competencies		
Instructional Implementation	1 2 3 4	
Narrative Comments:		

V. Managing the Teaching and Learning Environment		
Managing the Teaching and Learning Environment	1 2 3 4	
Narrative Comments:		
VI. Professionalism and Interpersonal Skills		
A. Communication	1 2 3 4	
Narrative Comments:		
B. Collaboration	1 2 3 4	
Narrative Comments:		
C. Professionalism	1 2 3 4	
Narrative Comments:		
VII. Moderate-Severe Disability-Specific Competencies		
Moderate/Severe	1 2 3 4	
Narrative Comments:		
Overall Comments:		

University Supervisor's Signature _____ Date _____

Candidate's Signature _____ Date _____

Mentor/ Master Teacher's Signature _____ Date _____