

SUMMATIVE EVALUATION OF TEACHING PERFORMANCE FOR TEACHER INTERN

Arkansas State University

Teacher Intern: ID#: School: Major: City: Subject/Grade Level: Campus: Date: [checkbox] Fall [checkbox] Spring [checkbox] 1st 8-weeks [checkbox] 2nd 8-weeks 20\_\_ [checkbox] 16-weeks 20\_\_

Clinical Supervisor: University Supervisor:

SECTION 1. Teaching Performance: To be completed collaboratively by the clinical supervisor and university supervisor.

DIRECTIONS: For each domain below, please rate the performance of the intern between 4-1 (using the formative evaluation forms from both the clinical supervisor and university supervisor) and place the numerical value on the first line beside each domain. Using the conversion range 10-1 (in bold) beside each 4-1 description below convert to the 10-1 point scale and place on the second line beside each domain. Use the formative evaluations to help determine scores on the summative. Use the following descriptors to indicate your evaluation of the teacher intern.

- Exceeds 3.51-4.00 Exceeded performance standards expected for beginning teachers, 9.5 - 10.0
Proficient 2.51-3.50 Exceeded performance standards occasionally but consistently met performance standards expected for beginning teachers, 8.5 - 9.49
Basic 1.51-2.50 Met performance standards expected for beginning teachers, 7.0 - 8.49
Unsatisfactory 1.00-1.50 Needed daily assistance and extensive practice as specified on the improvement plan and demonstrated occasionally, but not consistently, minimum performance standards expected for beginning teachers, 6.99 and lower

Table with 2 columns: 4-1 Scale, 10-1 Scale. Rows for Domain 1: Planning and Preparation, Domain 2: Classroom Environment, Domain 3: Instruction, Domain 4: Professional Responsibilities.

Total Teaching Performance Score (add 2nd column numbers [10-1 scale] from Domains 1-4)

Section 1: Multiply total teaching performance by 2

Section 2: Portfolio and/or other assignments (20 pts. possible)

Total points (Section 1 + Section 2):

Final Grade:

**Clinical Supervisor**

**Comments:**

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**University Supervisor**

**Comments:**

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I recommend, to the licensure officer, candidate for licensing.

I do not recommend, to the licensure officer, candidate for licensing.

**Explanation, if not recommended:**

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I recommend, to the licensure officer, candidate for licensing.

I do not recommend, to the licensure officer, candidate for licensing.

**Explanation, if not recommended:**

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**(Clinical Supervisor's Signature)**

\_\_\_\_\_  
(Date)

I have seen this form and it has been discussed with me.

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**(Teacher Intern's Signature)**

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**(University Supervisor's Signature)**

\_\_\_\_\_  
(Date)

I have seen this form and a letter of disagreement will be submitted to the PEP office within five (5) days. Furthermore, I will follow the steps of the grievance procedure outlined in the ASU student handbook.

\_\_\_\_\_  
(Date)