

**San Jose State University
Department of Special Education
One Washington Square, San Jose California 95192-0078
(408) 924-3700**

EDSE 154 – MIDTERM EVALUATION FORM

DATE _____

NAME OF STUDENT TEACHER _____

NAME OF MASTER TEACHER _____

NAME OF PROGRAM/SCHOOL _____

DIRECTIONS: Please complete this form at the end of 4 weeks or half way through the 8 week placement as you confer with the SJSU ECSE Student Teacher regarding his/her midterm performance in your program. Scan via email to Dr. Peg Hughes, peg.hughes@sjsu.edu. Or give to University Supervisor.

Student Teacher's Strengths:

Areas Needed to Improve or Observe:

Master Teacher's Signature: _____

Student's Signature: _____