

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

***EDSE 154 – MIDTERM EVALUATION FORM***  
Complete by \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF STUDENT TEACHER \_\_\_\_\_

NAME OF MASTER TEACHER \_\_\_\_\_

NAME OF PROGRAM/SCHOOL \_\_\_\_\_

DIRECTIONS: Please complete this form as you confer with the SJSU ECSE Student Teacher regarding his/her midterm performance in your classroom. Return and/or email to Dr. Peg Hughes, [peg.hughes@sjsu.edu](mailto: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:** \_\_\_\_\_