

**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 MENTOR 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. Or give to University Supervisor.

Student Teacher's Strengths:

Areas Needed to Improve or Observe:

Mentor Teacher's Signature: _____

Student's Signature: _____