Name: _____ Date: _____

School District: _____

Date you intend to begin Intern Program: _____

University Supervisor: _____ Support Provider: _____

## Intern Candidate's Self-Assessment

Instructions for students:
Students, in anticipation of entrance into the Internship Program, and to better help us guide you in your professional development, please take time to reflect on and respond to the following queries. If there is not enough space here, please use the back of this page for extensive answers or comments.

I. Teaching experiences. Include any previous experiences.

II. What are your greatest concerns about teaching and developing your classroom?

III. What do you feel will be your teaching strengths?

IV. What do you feel will be your greatest challenge?

V. What type of support would you like to get from your support provider and university supervisor?

Signatures: _____ _____ _____

Intern Date University Supervisor Date Support Provider Date