

LIU POST
DEPT. OF HEALTH, PHYSICAL EDUCATION & MOVEMENT SCIENCE

FORM A

APPLICATION FOR TEACHER CREDIT FOR COOPERATING TEACHERS
(FOR HEALTH EDUCATION & PHYSICAL EDUCATION STUDENT TEACHERS)

TO: COOPERATING TEACHERS

Please complete this form (A) in addition to the Student Teaching Evaluation form (B & C). **Both forms (total of 3 pages) must be returned to the LIU Post HPE supervisor before the completion of the semester in which you have served as a Cooperating Teacher.** Please give the evaluation to the student teacher, who will then submit it to his/her LIU Post HPE Supervisor. If the student teacher has waived access, you may give him/her the evaluation in a sealed envelope that is signed across the seal. The student teacher will then give it to the faculty supervisor. We will submit the paperwork to the Office of Clinical Education and Professional Certification. Please retain a copy.

IMPORTANT:

Teacher credit letters can be mailed to the Cooperating Teacher only when Forms A, B & C are completed and returned. These credits may be used for graduate courses within a one (1) year period. Each Cooperating Teacher should complete separate forms. The name submitted for teacher credit must be the name and school address of the Cooperating Teacher. *Should you have any questions about this Application for Teacher Credit form, kindly call the Office of Clinical Education & Professional Certification at (516) 299-4121.*

<u>STUDENT TEACHER</u>	<u>SEMESTER/YEAR</u>
<u>UNDERGRADUATE</u>	<u>SUBJECT</u>
<u>SCHOOL DISTRICT</u>	<u>GRADES</u>
<u>COOPERATING TEACHER</u> (PRINT FIRST & LAST NAME)	

NUMBER OF CREDITS* _____

ADDRESS WHERE CERTIFICATE IS TO BE MAILED: **SCHOOL ADDRESS OF COOPERATING TEACHER ONLY**

Address		
City, State	Zip Code	Phone #

Number of Credits Awarded*:

- If the Student Teacher has spent the entire semester in one placement, request 3 credits;
- If the Student Teacher has had two placements, request 1-½ credits;
- If the Student Teacher has had three placements, request 1 credit for each Cooperating Teacher.

Important: All 3 pages (forms A, B & C) must be completed before credits are issued.
We thank you for your cooperation.

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FORM B

STUDENT TEACHING EVALUATION FORM
(FOR HEALTH EDUCATION & PHYSICAL EDUCATION STUDENT TEACHERS)

ATTENTION COOPERATING TEACHERS: The 3 original forms must be handed to the LIU Post HPE Supervisor who has been visiting your classroom.

IMPORTANT: On the following page, there is an area to be signed by the student teacher where he/she may waive access to this document. It is imperative that this portion is completed prior to your writing an evaluation. Should you wish to give a copy of the evaluation to the student teacher, you may do so providing he/she has not waived access to it. If he/she has waived access, please give the evaluation to the student in a sealed envelope that is signed across the seal. We will submit the paperwork for teacher credit to the Office of Clinical Education & Professional Certification for processing only after Forms A, B & C have been returned. We thank you kindly for your cooperation.

STUDENT TEACHER	SCHOOL/DISTRICT/GRADE(S) TAUGHT
COOPERATING TEACHER	SEMESTER/YEAR
PLACEMENT: 1 2 (CIRCLE ONE)	DATE

PLEASE RANK EACH AREA USING THE FOLLOWING KEY:

5 – OUTSTANDING; 4 – ABOVE AVERAGE; 3 – AVERAGE; 2 – BELOW AVERAGE; 1 – INFERIOR

<u>PERSONAL QUALITIES</u>		<u>PROFESSIONAL QUALITIES</u>	
APPEARANCE		KNOWLEDGE OF SUBJECT MATTER	
POSTURE		PREP/ORGANIZATION OF SUBJECT MATTER	
MANNERS		EXECUTION OF ROUTINE DUTIES	
USE OF ENGLISH		ECONOMICAL USE OF TIME	
VOICE		TEACHING TECHNIQUES	
HEALTH		CONTROL OF GROUP	
EMOTION CONTROL		RAPPORT WITH STUDENTS	
TACT		ABILITY TO GIVE CONSTRUCTIVE CRITICISM	
ENTHUSIASM		INTERACTION WITH COLLEAGUES	
FRIENDLINESS		PARTICIPATION IN SCHOOL ACTIVITIES	
SINCERITY		ABILITY TO USE TECHNOLOGY TO ENHANCE LESSONS	
COOPERATION		DEMONSTRATION OF MULTICULTURAL SENSITIVITY WHEN PREPARING LESSON PLANS AND WHEN TEACHING	
INITIATIVE/MOTIVATION		ATTITUDE TOWARD PROFESSIONAL OBLIGATIONS	
PUNCTUALITY		DESIRE TO IMPROVE	
RELIABILITY		ACTUAL IMPROVEMENT	
		PROBABLE SUCCESS AS A TEACHER	

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FORM C

Please provide a narrative to describe the overall basis for your ranking.

- 1. The student's ability to motivate the class and demonstrate management techniques:**

- 2. The student's knowledge of subject matter, instructional planning skills:**

- 3. The student's ability to use technology:**

- 4. The student's personal qualities and communication skills:**

- 5. The student's ability to assess student learning and differentiate instruction to adapt to diverse learners:**

- 6. The student's professionalism in regards to being a reflective teacher, a collaborator with others, and a demonstrator of ethical and responsible behavior:**

- 7. Your student teacher's ability to create lessons sensitive to the school environment, and the student's culture, race, religion, gender & sexual orientation:**

Summative Statement of Recommendation: _____

Cooperating Teacher Name _____

Cooperating Teacher Signature _____

To be completed by the Student Teacher:

I hereby waive _____ do not waive _____ access to this completed document.

Student Teacher Name & Signature _____

**Important: All 3 pages (forms A, B & C) must be completed before credits are issued.
We thank you for your cooperation.**