



## Cooperating Teacher Internship Orientation Assessment

(Due at the completion of the orientation.)

**Intern:** \_\_\_\_\_ **University Supervisor:** \_\_\_\_\_

**Cooperating Teacher:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Semester/Year:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Directions: Respond to each of the following items by placing an “x” in the appropriate box.

	Yes	No
1. Did you receive the appropriate materials to prepare you for your role as a Cooperating Teacher (i.e. Internship Handbook, Assessment and Dispositions forms, etc.)?		
2. Did the University Supervisor complete and orientation session within the first two weeks of the internship?		
3. Overall, did the orientation session help prepare you for your role as a Cooperating Teacher?		

**Comments/Suggestions:**