

Teacher Alternative Preparation Program Assessment of Intern  
PRELIMINARY ASSESSMENT BY PRINCIPAL

Intern Name: \_\_\_\_\_ School: \_\_\_\_\_ Assignment: \_\_\_\_\_

	Unsatisfactory	Some Improvement Needed	Satisfactory	Good	Excellent
<b>I INSTRUCTION/CLASSROOM ENVIRONMENT</b>					
Displays knowledge of curriculum and subject matter	1	2	3	4	5
Relates subject matter to prior/future learning and student's experiences	1	2	3	4	5
Implements effective instructional strategies at the appropriate level	1	2	3	4	5
Varies teaching style to meet the academic needs of each student	1	2	3	4	5
Prepares and follows lesson plans according to district policies	1	2	3	4	5
Consistently implements an effective discipline management system	1	2	3	4	5
Maintains a positive classroom environment with active student participation	1	2	3	4	5
Displays sensitivity toward students' academic/social needs	1	2	3	4	5
Communicates learning expectations and monitors student performance	1	2	3	4	5
<b>II DEPENDABILITY</b>					
Maintains accurate records and submits requested materials in a timely manner	1	2	3	4	5
Attends required meetings and/or functions	1	2	3	4	5
<b>III MEETS PROFESSIONAL STANDARDS</b>					
Accepts suggestions for improvement and implements accordingly	1	2	3	4	5
Communicates and maintains a positive attitude with others	1	2	3	4	5
Models appropriate qualities in dress, appearance, and speech	1	2	3	4	5
Works well with colleagues, administrators, parents, and community	1	2	3	4	5
Follows school/district/state policies and procedures in a professional manner that promotes operational efficiency in the school	1	2	3	4	5
Follows administrative directives in a professional manner that promotes operational efficiency in the school	1	2	3	4	5

**At this time we DO / DO NOT (circle one) anticipate the intern needing a Teacher in Need of Assistance Plan (growth plan).**

By signing below, I am attesting to the fact that the intern and mentor have been given release time to observe and conference with each other as delineated in the letter of agreement signed by my school district and Region 20.

PRINCIPAL'S SIGNATURE \_\_\_\_\_ INTERN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Due in TOPP Office by March 11, 2005  
TOPP Fax # 210-370-5755*

For Office Use Only
Reviewed by: _____ Data Entry: _____

II-V

**Teacher Alternative Preparation Program Assessment of Intern  
FINAL ASSESSMENT BY PRINCIPAL**

Intern Name: \_\_\_\_\_ School: \_\_\_\_\_ Assignment: \_\_\_\_\_

	Unsatisfactory	Some Improvement Needed	Satisfactory	Good	Excellent
<b>I INSTRUCTION/CLASSROOM ENVIRONMENT</b>					
Displays knowledge of curriculum and subject matter	1	2	3	4	5
Relates subject matter to prior/future learning and students' interests and experiences	1	2	3	4	5
Implements effective instructional strategies at the appropriate level	1	2	3	4	5
Varies teaching style to meet the academic needs of each student	1	2	3	4	5
Prepares and follows lesson plans according to district policies	1	2	3	4	5
Consistently implements an effective discipline management system	1	2	3	4	5
Maintains a positive classroom environment with active student participation	1	2	3	4	5
Displays sensitivity toward students' academic/social needs	1	2	3	4	5
Communicates learning expectations and monitors student performance	1	2	3	4	5
<b>II DEPENDABILITY</b>					
Maintains accurate records and submits requested materials in a timely manner	1	2	3	4	5
Attends required meetings and/or functions	1	2	3	4	5
<b>III MEETS PROFESSIONAL STANDARDS</b>					
Accepts suggestions for improvement and implements accordingly	1	2	3	4	5
Communicates and maintains a positive attitude with others	1	2	3	4	5
Models appropriate qualities in dress, appearance, and speech	1	2	3	4	5
Works well with colleagues, administrators, parents, and community	1	2	3	4	5
Follows school/district/state policies and procedures in a professional manner that promotes operational efficiency in the school	1	2	3	4	5
Follows administrative directives in a professional manner that promotes operational efficiency in the school	1	2	3	4	5

**This teacher IS / IS NOT (circle one) on a Teacher In Need of Assistance (TINA) plan.**

**RECOMMENDATION:** Certification: YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENTS ON YOUR RECOMMENDATION: \_\_\_\_\_

Extension: YES \_\_\_\_\_ NO \_\_\_\_\_ \_\_\_\_\_

***If an extension is being recommended, extension is to be completed in the district where intern is currently completing internship.***

PRINCIPAL'S SIGNATURE \_\_\_\_\_ INTERN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Due in TOPP Office by December 9, 2005  
TOPP Fax # 210-370-5755*

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Reviewed by: _____	Data Entry: _____

A-III

Teacher Alternative Preparation Program Assessment of Intern  
PRELIMINARY ASSESSMENT BY MENTOR

Intern Name: \_\_\_\_\_ School: \_\_\_\_\_ Assignment: \_\_\_\_\_

	Unsatisfactory	Some Improvement Needed	Satisfactory	Good	Excellent
<b>I INSTRUCTION/CLASSROOM ENVIRONMENT</b>					
Displays knowledge of curriculum and subject matter	1	2	3	4	5
Implements effective instructional strategies	1	2	3	4	5
Takes appropriate action to meet the academic needs of each student	1	2	3	4	5
Prepares and follows lesson plans according to district policies	1	2	3	4	5
Consistently implements an effective discipline management system	1	2	3	4	5
Maintains a positive classroom environment	1	2	3	4	5
Displays sensitivity toward students	1	2	3	4	5
Challenges students and encourages higher order thinking	1	2	3	4	5
Incorporates a variety of strategies	1	2	3	4	5
<b>II MEETS PROFESSIONAL STANDARDS</b>					
Receptive to suggestions for improvements	1	2	3	4	5
Implements suggestions for improvement accordingly	1	2	3	4	5
Communicates and maintains a positive attitude with others	1	2	3	4	5
Models appropriate qualities in dress, appearance, and speech	1	2	3	4	5
Works well with colleagues, administrators, parents, and community	1	2	3	4	5

COMMENTS: \_\_\_\_\_

MENTOR'S SIGNATURE \_\_\_\_\_ INTERN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Due in TOPP Office by March 11, 2005**  
**TOPP Fax # 210-370-5755**

For Office Use Only Reviewed by: _____ Data Entry: _____
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A-IV

Teacher Alternative Preparation Program Assessment of Intern  
FINAL ASSESSMENT BY MENTOR

Intern Name: \_\_\_\_\_ School: \_\_\_\_\_ Assignment: \_\_\_\_\_

	Unsatisfactory	Some Improvement Needed	Satisfactory	Good	Excellent
<b>I INSTRUCTION/CLASSROOM ENVIRONMENT</b>					
Displays knowledge of curriculum and subject matter	1	2	3	4	5
Implements effective instructional strategies	1	2	3	4	5
Takes appropriate action to meet the academic needs of each student	1	2	3	4	5
Prepares and follows lesson plans according to district policies	1	2	3	4	5
Consistently implements an effective discipline management system	1	2	3	4	5
Maintains a positive classroom environment	1	2	3	4	5
Displays sensitivity toward students	1	2	3	4	5
Challenges students and encourages higher order thinking	1	2	3	4	5
Incorporates a variety of strategies	1	2	3	4	5
<b>II MEETS PROFESSIONAL STANDARDS</b>					
Is receptive to suggestions for improvements	1	2	3	4	5
Implements suggestions for improvement accordingly	1	2	3	4	5
Communicates and maintains a positive attitude with others	1	2	3	4	5
Models appropriate qualities in dress, appearance, and speech	1	2	3	4	5
Works well with colleagues, administrators, parents, and community	1	2	3	4	5

**RECOMMENDATION:** Certification: YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENTS ON YOUR RECOMMENDATION: \_\_\_\_\_

Extension: YES \_\_\_\_\_ NO \_\_\_\_\_ \_\_\_\_\_

***If an extension is being recommended, extension is to be completed in district where Intern is currently completing internship.***

MENTOR'S SIGNATURE \_\_\_\_\_ INTERN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Due in TOPP Office by December 9, 2005  
TOPP Fax # 210-370-5755**

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