Trainee Co-Teach Self-Evaluation

Use a copy of this form for each Co-Teach

Trainee Name _____

Class _____ Class Dates _____

Location _____

Class Instructor(s) _____

Number of units/hours _____ Number of students in class _____

This class was: ☐ In-Person ☐ Online

(Attach additional sheets if necessary)

1. What were your goals/objectives and focus for this class? _____

2. What did you do in the class, e.g. what areas did you present, did you run a circle, in what other ways did you participate? _____

3. How did it go for you? What did you learn? What was challenging? Where do you need to focus next? _____

Trainee Signature _____ Date _____

Reviewing Advisor Signature _____ Date _____

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