

**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 \_\_\_\_\_