Thank you for providing classroom experience to our students. The results from these evaluations contribute to the students’ grades for Spring Quarter 2006. Please return to your CTA, or mail/fax to the above address by June 7, 2006.

<table>
<thead>
<tr>
<th>UCSD CTA Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperating Teacher</td>
<td>School</td>
</tr>
</tbody>
</table>

1. The Classroom Teaching Assistant was responsible for (check all that apply):

   - Teacher-initiated activities
   - CTA initiated activities
   - Activities planned cooperatively
   - One-on-one tutoring
   - Small Group activities
   - Whole Class activities
   - Other (please specify)

2. How many hours did the student work in your classroom over the course of her/his placement?

   (please indicate your estimate by marking along the following continuum)

<table>
<thead>
<tr>
<th>0 hours</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>&gt;60 hours</th>
</tr>
</thead>
</table>

3. Please rate the CTA in each of the following areas, using the 1-5 scale below.

   - 1 Unsatisfactory
   - 2 Poor
   - 3 Good
   - 4 Very Good
   - 5 Outstanding

   Flexibility in adjusting to change in schedules/plans
   Ability to communicate with students
   Punctuality and attendance
   Effort and initiative
   Effectiveness of this CTA in your classroom
   Potential effectiveness of this CTA as a teacher

Please include your suggestions to help develop and improve this student’s teaching skills:

________________________________________________________________________________________

Please include your suggestions to help us improve the Teacher Education Program:

________________________________________________________________________________________

________________________________________________________________________________________

Do you have any other comments?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Teacher’s Signature Date