

CLASS PDS
“Weekly Stay In Touch Sheet”

Name of Student: _____ **Date:** _____ **Form completed by:** _____

There is a need for the Mentor Teacher and/or Site Coordinator and/or College Faculty to easily communicate their thoughts to the Student and each other about a wide range of circumstances in the classroom on a regular basis. This informal form will serve as a vehicle for **WEEKLY COMMUNICATION**. Every question and/or item does NOT have to be respond to each week. Once the sheet has been completed, please take a few minutes to review the comments and ratings with the student as it always helps him/her interpret it if a personal explanation is promptly provided.

1. Is the student coming prepared and well organized to your classroom with a professional attitude? **YES NO**
Explain:

2. Is the student taking the initiative to participate? **YES NO**
How?

3. Are the student’s interactions with the children appropriate/positive? **YES NO**
Explain:

4. Is the student responding appropriately to constructive feedback? **YES NO**
How?

5. A couple of things we have been doing together:

6. A couple of things the student has been doing on his/her own:

7. List areas of student’s strength:

8. Areas needing improvement:

9. Areas in which the student has demonstrated growth:

10. Comments (use the reverse side for additional space if necessary):