



**School of Education
Single Subject Credential Program
Evaluation Form for the Two Week
Experience in the Student Teaching
Semester**

Student Teacher _____ Date _____

School _____ Semester _____

Note to Resident Teachers: During the student teaching semester, candidates are responsible for planning and teaching two classes in their subject area, assisting in a third class and **taking over a complete schedule for TWO CONTINUOUS WEEKS.** According to the requirements of the Single Subject Credential Program at Sonoma State, in this **TWO WEEK EXPERIENCE**, the student teacher may team teach with one or more resident teacher during the two week time period.

Student Teacher Section: List the dates of the Two Week Experience, and the teacher(s) for whom you taken over for and/ or teamed with:

Resident Teacher Section:

My signature below verifies satisfactory student teacher's completion of the Two Week Experience

Resident Teacher signature:

_____ Telephone: _____

E-mail: _____

Resident Teacher signature:

_____ Telephone: _____

E-mail: _____