# Overview: Teacher Candidate Check-In Survey

 **CONTRIBUTOR**

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**WHAT is this resource?**

This is a list of questions to be answered by the Teacher Candidate about the practicum experience in general.  Information can be used to provide guidance to the Teacher Candidate, troubleshoot any issues in the practicum and provide targeted support if needed.  By responding to the questions in this check-in survey, Teacher Candidates are also prompted to reflect on their performance and progress towards completion of the CAP.

 **WHEN could this resource be used?**

This resource is best used after a few weeks have passed during the Teacher Candidate’s practicum experience.  It could also be used several weeks later to track progress and development of skills and support.

 **WHO could use this resource?**

The **Teacher Candidate** completes the check-in survey about their practicum experience by self-assessing their performance and reporting on support from the Supervising Practitioner and Program Supervisor, and raising concerns, if applicable.

** HOW could this resource best be used?**

This check-in survey is completed by the Teacher Candidate and is reviewed by the Director and/or Associate Director of the Teacher Education Program (TEP) before the mid-semester one-on-one check-in meetings. TEP leadership can use the survey data to inform these meetings and provide targeted support to teacher candidates, promoting progress during the practicum.

***Note:*** *This resource was submitted for inclusion in the Candidate Assessment of Performance (CAP) Resource Hub. It is intended to serve as a reference and source of guidance for others engaged in the CAP process. While it reflects one approach, users should adapt its content to fit the specific context and needs of their own evaluations.*

## Teacher Candidate Check-In Survey

Now that you have spent time in your classroom, we wanted to check in on your progress and development within the experience. Please be as candid and detailed in your answers and comments as possible so we can swiftly address any concerns or issues that might have arisen.

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervising Practitioner's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Supervisor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Answer yes or no to the following self-assessment statements:**

* I am on time and present throughout the school day.
* I remain in school until the end of the day.
* I provide my Supervising Practitioner with adequate notification of time missed.
* I attend faculty meetings, department meetings, PLC meetings, and extra help sessions (if necessary).
* I am professionally dressed for the classroom.
* My lesson plans are on time and thorough.
* My lesson materials are prepared ahead of class meeting time.
* I provide my lesson plans and Pre-Observation Reflections to my SP and PS 24 hours before an observation.
* My grading is done, and feedback is given promptly and thoroughly.
* I am able to successfully manage my time and stress.
* I am open and reflective when receiving feedback.
* I incorporate feedback in my daily practice.
* I have developed a positive working relationship with my Supervising Practitioner.

**Comments on the self-assessment statements:**

**Have you reached out to your Supervising Practitioner for support? If so, in what ways?**

**Do you feel like you need additional support from him/her? If so, what would be helpful?**

**Have you reached out to your Program Supervisor for support? If so, in what ways?**

**Do you feel like you need additional support from him/her? If so, what would be helpful?**

**Any other comments or questions?**

**At this time, would you like to schedule a follow-up meeting (in person or Zoom)?**

* Yes - just me
* Yes - with the SP
* Yes - including the SP and TC
* Not at this time