##### 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?

1. 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?

1. 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