Introduction to Education/Classroom Culture

Field Experience Evaluation

Student Name ________________________________________________________

Assigned School ______________________________________________________

Cooperating Teacher __________________________________________________

Please evaluate the student using S (satisfactory) or U (unsatisfactory) in the following areas:

_____ Physical Appearance  _____ Oral/Written Language Competency

_____ Poise/Adaptability  _____ Enthusiasm and Interest in Teaching

_____ Punctuality/Dependability  _____ Desire to Learn

_____ Sense of Humor  _____ Skill in One-to-One or Small Group Teaching Situations

_____ Rapport with Students  _____ Sensitivity to Children’s Needs

_____ Rapport with Teacher/Instructional Assistant  _____ Communication Ability

_____ Openness to Suggestions & Constructive Criticism

General Comments (Record additional remarks concerning the student’s strengths, exceptional contributions, or areas needing improvement.):

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Cooperating Teacher’s Signature ___________________________ Date __________

University Student’s Signature _______________________________ Date __________

(Student’s signature indicates that student has reviewed this report; it does not imply agreement.)

Course Instructor’s Signature ___________________________ Date __________

Please Note: Form must be signed by the university student and cooperating teacher prior to submission to course instructor.

White Copy: Course Instructor  Yellow Copy: Cooperating Teacher  Pink Copy: University Student