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EVALUATION OF PRACTICUM FIELD EXPERIENCE

PRACTICUM STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COHORT NUMBER \_\_\_\_\_\_\_\_

COURSE NUMBER AND TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRACTICUM LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISING TEACHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE LEVEL / SUBJECT \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate the student as follows: 5=Exceptional/ 4= Above Expectations/ 3= Meets Expectations/ 2= Below Expectations/ 1= Unsatisfactory/ 0= Not enough information

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| --- | --- | --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 | 0 | Knowledge of Academic Content (CP1) |
| 5 | 4 | 3 | 2 | 1 | 0 | Knowledge of Basic Instructional Technology (CP4) |
| 5 | 4 | 3 | 2 | 1 | 0 | Acceptance of Individual and Cultural Diversity (CP5) |
| 5 | 4 | 3 | 2 | 1 | 0 | Enthusiastic (CP6) |
| 5 | 4 | 3 | 2 | 1 | 0 | Dependable (CP6) |
| 5 | 4 | 3 | 2 | 1 | 0 | Tactful (CP6) |
| 5 | 4 | 3 | 2 | 1 | 0 | Cooperative (CP6) |
| 5 | 4 | 3 | 2 | 1 | 0 | Regularity of Attendance (CP6) |
| 5 | 4 | 3 | 2 | 1 | 0 | Professional (CP6) |
| 5 | 4 | 3 | 2 | 1 | 0 | Display of Initiative (CP6) |
| 5 | 4 | 3 | 2 | 1 | 0 | Capacity for Caring (CP6) |
| 5 | 4 | 3 | 2 | 1 | 0 | Potential for Professional Competence (CP6) |
| 5 | 4 | 3 | 2 | 1 | 0 | Adherence to Dress Code (Public Schools) (CP6) |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student Activities During Practicum (check all that apply):

\_\_\_\_\_\_ Tutor one on one \_\_\_\_\_\_ Planned lesson for small group Instruction

\_\_\_\_\_\_ Tutor small group \_\_\_\_\_\_ Developed lesson for large group Instruction

\_\_\_\_\_\_ Performed small group instruction \_\_\_\_\_\_ Inclusion students present

\_\_\_\_\_\_ Other:

**Total Number Practicum Hours Completed \_\_\_\_\_\_\_\_\_\_**

This form should be completed and returned to the student in a sealed envelope. The supervising teacher should sign his / her name across the seal.

**This form has been completed by the school official primarily responsible for guiding the practicum student during his / her experience.**

**Classroom Teacher’s Signature / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**