

**Field Experience Evaluation Form**

**EDUC 4217: Methods of Teaching Children & Youth with Exceptional Needs and/or**

**EDUC 4037: Literacy in the Content Areas (secondary only)**

Field Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dear Teacher:** Your feedback is a valuable part of our teacher education program. Please rate the field student’s performance and provide comments on the back of this form. The field student will have access to this feedback, which is included in the pre-student teaching portfolio.

**Please rate the student’s performance during this field experience:**

 Minimal Advanced

Developmentally-appropriate content knowledge 1 2 3 4

Takes initiative to engage with or teach students 1 2 3 4

Humor, tolerance, and emotional balance 1 2 3 4

Dependability and professional conduct 1 2 3 4

Maintains appropriate dress, neatness, and cleanliness 1 2 3 4

Communicates professionally 1 2 3 4

Positive attitude regarding diversity 1 2 3 4 (socio-economic status, ethnicity, gender, special needs)

**Total number of hours spent with you and your students:\_\_\_\_\_\_**

(must be filled in for student to receive credit)

Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to your student. For the student to receive credit, the form must be received by:\_\_\_\_\_\_\_\_\_\_\_\_.

**—Please see back side to add comments.—**

**Thank you for your feedback! Your cooperation makes our teacher education program possible.**

**Please indicate specific strengths:**

**Please suggest areas for improvement:**