

Field Experience Evaluation Form

Student _____ Dates: from _____ to _____

School _____ School District _____

Teacher _____ Grade/Level _____

Personal Characteristics

	Poor		Fair		Excellent
1. Initiative	1	2	3	4	5
2. Clarity of Speech	1	2	3	4	5
3. Personal Appearance	1	2	3	4	5
4. Reliability/Dependability	1	2	3	4	5
5. Self Confidence	1	2	3	4	5

Professional Competence

1. Planning/Preparation	1	2	3	4	5
2. Knowledge of Subject	1	2	3	4	5
3. Response to Suggestions	1	2	3	4	5
4. Sensitivity to Students	1	2	3	4	5
5. Classroom Management Skills	1	2	3	4	5
6. Rapport with Students	1	2	3	4	5
7. Rapport with Faculty and Staff	1	2	3	4	5

Additional Comments:

Signature of Cooperating Teacher _____ Date _____