

COLLEGE OF ARTS & SCIENCES, AND EDUCATION Office of Field Services and Professional Development Schools 2500 West North Avenue, Baltimore, Maryland 21216

Grace Hill Jacobs Room 709; (410) 951 – 3081

"Educator as Reflectibe Facilitator of Learning"

FIELD EXPERIENCE EVALUATION FORM

Directions to Pre/Candidate: Complete the information section of this form and deliver to your P-12 Clinical Educator.

Name:		Student ID#:				
Course Enrolled:	Course Instructor:					
Major:		Semester:				
Field Experience Site:	P-12 Clinical Educator:					
Grade:	Subject:					
Type of Experience Requeste Dates of Involvement:			ly)			
Semester Completed:		Spring 🛛 Sumr				

DIRECTIONS to P-12 Clinical Educator: Please complete this evaluation form and return it for our records. Check the response that most approximates your opinion regarding the performance of the prospective teacher who observed in your classroom. Check the most appropriate response to reflect the efforts of the prospective teacher.

	Measure	Always	Usually	Sometimes	Rarely
1.	The prospective teacher was on time for field experience hours.				
2.	The prospective teacher portrayed a professional image in appearance and behavior.				
3.	The prospective teacher was attentive and respectful of the students, practicum supervisor, and ongoing activities.				
4.	The prospective teacher was actively involved in the instructional process and was willing to help in the classroom.				
5.	The prospective teacher was enthusiastic to teach and learn.				
6.	The prospective teacher was recognized and willingly support English Language Learners and Special Education students.				
7.	If necessary, the prospective teacher notified the practicum supervisor if he/she had to be absent or late for sessions.				
Co	mments:				

P-12 Clinical Educator's Signature