

TUSCULUM COLLEGE

EVALUATION OF PRACTICUM FIELD EXPERIENCE

PRACTICUM STUDENT NAME _____ COHORT NUMBER _____

COURSE NUMBER AND TITLE _____

PRACTICUM LOCATION _____ PRINCIPAL SIGNATURE _____

SUPERVISING CLASSROOM 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

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: _____

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 classroom 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.

Supervising Classroom Teacher's Signature / Date _____

Course Instructor Signature/Date _____