



Teacher Candidate _____ Date _____
Faculty Advisor _____ School _____
School Advisor _____

School Advisor’s Feedback

_____ has completed her/his practicum at our school. During the Practicum II experience, s/he has:

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Strengths we have observed include:

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Goals for Practicum III (Education 418/419D/495F – 10-Week Practicum) are:

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This evaluation was completed by _____ and reviewed by _____
(School Advisor) *(Faculty Advisor)*

In my professional judgement, _____ has met the objectives of EDUC 321/323 and should proceed to the next phase of school experience (10-Week Extended Practicum).