**SCHOOL ORIENTATION PRACTICUM I**

**(EDUC 315) EVALUATION FORM**

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| TEACHER CANDIDATE: |  | COMPLETED BY: |  |
| SCHOOL: |  | DATE: |  |

Please use the space below to comment briefly on the teacher candidate’s two-week experience.

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| **Types of lessons/observations undertaken by the teacher candidate:** |
| **Quality of lesson preparation and presentation:** |
| **Initiative and willingness to accept directions:** |
| **Communication with staff and students:** |
| **Enthusiasm for teaching tasks and interest in children:** |

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| --- | --- | --- |
| **SECONDARY TEACHER CANDIDATES ONLY:**  Will this teacher candidate be able to get an 80% teaching load in this school during the extended practicum? | | |
| **Yes** | **No** | **Not sure** |

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| **Other Comments:** |

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| **In your opinion, should this teacher candidate proceed to the next phase of school experiences?** |

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| COPIES TO: | Teacher Candidate | Faculty Advisor | School Advisor |