



PRACTICUM II (EDUC 321/323) EVALUATION FORM

TEACHER CANDIDATE: _____

SCHOOL: _____ DATE: _____

Please use the space below to comment briefly on the teacher candidate's EDUC 321/323 experience.

The teacher candidate has completed the following activities:

Strengths we have observed include:

Goals for Practicum III, the certifying practicum (EDUC 418/419/495), are:

COMPLETED BY (SCHOOL ADVISOR): _____

REVIEWED BY (FACULTY ADVISOR): _____ DATE: _____

In my professional judgement, the teacher candidate has met the objectives of EDUC 321/323 and should proceed to the next phase of school experiences (10-week certifying practicum).

COPIES TO: Teacher Candidate Faculty Advisor School Advisor