**PRACTICUM II (EDUC 321/323) EVALUATION FORM**

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| TEACHER CANDIDATE: |       |
| SCHOOL: |       | DATE: |  |

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

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| **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:** |

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| 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).

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