

**GRAMBLING STATE UNIVERSITY
FIELD EXPERIENCE EVALUATION**

Resident/Student Teacher's Name

Mentor/ Cooperating Teacher's Name

Semester/Year

Course Name and Number

Course Instructor

This form is completed by the cooperating/mentor teachers at assigned school sites.

Field Experience Level: _____

Please circle the rating that best reflects your evaluation of the resident/candidate in each of the five items below.

Attendance

3 outstanding 2 satisfactory 1 unsatisfactory

Met My Expectations

3 outstanding 2 satisfactory 1 unsatisfactory

Fulfilled University Requirements

3 outstanding 2 satisfactory 1 unsatisfactory

Grade

A outstanding B satisfactory C unsatisfactory D incomplete

Professionalism

3 outstanding 2 satisfactory 1 unsatisfactory 0 counseling suggested

Please mark only items in this section which are judged to be Outstanding (+) or which Need Attention (-).

- | | |
|---|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Interaction with Adults |
| <input type="checkbox"/> Appearance/Dress | <input type="checkbox"/> Interaction with Children |
| <input type="checkbox"/> Voice and Speech | <input type="checkbox"/> Content Knowledge |
| <input type="checkbox"/> Personality | <input type="checkbox"/> Oral Communication Skills |
| <input type="checkbox"/> Enthusiasm | <input type="checkbox"/> Written Communication Skills |
| <input type="checkbox"/> Cooperative Attitude | <input type="checkbox"/> Presentation Skills |
| <input type="checkbox"/> Emotional Stability | <input type="checkbox"/> Evaluation Skills |
| <input type="checkbox"/> Initiative | <input type="checkbox"/> Management Skills |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Creativity |
| <input type="checkbox"/> "Likes Children" | <input type="checkbox"/> Use of Supplementary Materials |
| <input type="checkbox"/> Accepts Constructive Criticism | <input type="checkbox"/> Provision for Individual Differences |

Note: You may attach notes on a separate page.