

NAME: _____ PHONE: _____ EMAIL: _____

Practicum Student Questionnaire

(to be completed by the student and given to the cooperating teacher before the student goes into the practicum classroom)

1. List your prior practicum experiences. Indicate grade levels, subject matter areas, and teaching strategies (e.g., cooperative learning, hands-on experiences, instructional centers) you have observed or in which you have participated in your practicum classroom.
2. What teaching experiences have you had in your practicum classrooms?
3. What would you like to observe and experience as you complete this practicum experience?
4. Are you apprehensive about teaching any specific subject matter? If so, what subject areas are of concern?
5. As you become more involved in your practicum classroom, you will be working with small groups, and planning and implementing lessons. Your cooperating teacher will provide constructive criticism. What kind of feedback would you prefer (written notes, verbal comments)?
6. Please provide any other information that you would like to share with your cooperating teacher that will facilitate the effectiveness of your experience.