

UNIVERSITY OF MARY WASHINGTON

Department of Education

PRACTICUM EVALUATION

Student Teaching Cohort (Semester) _____

UMW Student _____ EDUC 371/Wright _____ Semester/Yr. _____
Education Course/Instructor

Host Teacher _____ Grade Level/Discipline _____ School _____

Exceptionalities (GT, LD, EH, etc.) or other special circumstances present in classroom _____

Note to Student: I hereby authorize the release of a candid practicum evaluation to assist in the teacher licensure process. I understand that this evaluation will be kept confidential both from me and the public, and I waive any right of access to it that I might have by law. I understand that the University of Mary Washington Department of Education does not require me to execute this waiver and is willing to review this Evaluation with or without such a waiver.

Student's Signature **Date**

OR

I authorize the release of a candid Practicum evaluation, but I choose not to waive my right to examine this Evaluation.

Student's Signature **Date**

Note to Evaluator: The University of Mary Washington Department of Education appreciates the time, effort and expertise you bring to this evaluation process. The student has indicated above a preference for a confidential or non-confidential evaluation. Practicum evaluations will be used to assess the student's achievement in his/her teacher education courses. Should you have any questions or concerns about completing this evaluation, please feel free to contact the course instructor or the Director of Field Experiences. Again, we appreciate your willingness to assist us in this difficult but essential task. **PLEASE DO NOT COMPLETE THIS FORM UNTIL THE STUDENT HAS SIGNED THE ABOVE WAIVER.**

Please **check** the activities in which the practicum student **participated**:

- | | |
|--|--|
| <input type="checkbox"/> Observation of large group session | <input type="checkbox"/> Worked with individual students |
| <input type="checkbox"/> Observation of reading specialist | <input type="checkbox"/> Worked with small group |
| <input type="checkbox"/> Observation of professional meetings | <input type="checkbox"/> Worked with large group |
| <input type="checkbox"/> Observation of small group sessions | <input type="checkbox"/> Reviewed with large group |
| <input type="checkbox"/> Observation of exceptionalities | <input type="checkbox"/> Taught lesson to large group |
| <input type="checkbox"/> Observation of extracurricular activities | <input type="checkbox"/> Taught lesson to small group |
| <input type="checkbox"/> Observation of other classes | <input type="checkbox"/> Presented/supervised quiz/test |

Please respond to the following assertions regarding the performance of your practicum student using the following scale: C =Consistently; U = Usually; S = Seldom; NA = Not Applicable

I. Commitment to Teaching:

- Attends
- Is punctual
- Informs teacher about absences
- Makes up absences
- Shows interest in students
- Commits time/effort
- Asks good/appropriate questions

II. Professional Demeanor

- Dresses appropriately
- Accepts guidance/criticism
- Is cooperative
- Adjusts to changes well
- Is tactful/polite
- Respects students
- Respects faculty/staff/parents
- Is a non-disruptive observer

III. Planning (respond if applicable)

- Sets appropriate objectives
- Encourages student involvement
- Selects appropriate materials
- Selects appropriate activities
- Knows appropriate level of content difficulty
- Uses appropriate language in explanation
- Uses good questioning techniques
- Plans for appropriate evaluation

IV. Instructional Performance (respond if applicable)

- Sets positive climate in class
- Has strong, clear voice
- Interacts positively with students
- Involves students
- Prepares handouts/overheads, etc.
- Provides clear directions
- Opens and closes lesson appropriately
- Manages materials well
- Manages disruptions well
- Is sensitive to individual differences
- Evaluates students' progress
- Sequences lessons well

Please indicate any real strengths and/or weaknesses which your practicum student demonstrated:

Average hours of observation per week _____

Host Teacher's Signature _____

Number of weeks of practicum _____

Date _____