

UNIVERSITY OF MARY WASHINGTON

Department of Education

PRACTICUM EVALUATION

Student Teaching Cohort (Semester) _____

UMW Student	EDUC Education Course/Instructor	Semester/Yr.
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 other classes | <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"/> Introduced lesson to large group |
| <input type="checkbox"/> Observation of extracurricular activities | <input type="checkbox"/> Presented/supervised quiz/test |

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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 _____ **Number of weeks of practicum** _____

Host Teacher's Signature _____ **Date** _____