

Field Experience Assessment Form

Teacher Candidate: _____ **Student ID:** _____ **Ed Prep Supervisor:** _____ **Date:** _____
School: _____ **Cooperating Teacher:** _____ **Subject/Grade:** _____

Teacher Candidate Strategies* <i>(Select only those strategies that apply)</i>	Student Engagement* <i>(Check one for each strategy selected)</i>	
		Observed Classroom Structure (5.1, 5.2, 5.3)
Advanced/Graphic Organizers	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Evidence of Student Work (1.1)</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Classroom Discussion	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Learning Environment (5.2, 5.3)</u> <input type="checkbox"/> Conducive to Learning <input type="checkbox"/> Somewhat Conducive <input type="checkbox"/> Not Conducive <input type="checkbox"/> Disruptive Student(s) Behavior
		Curriculum/Instruction Observed (3.1, 3.2)
Cooperative Learning	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Group Work	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Co-teaching</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Guided Practice	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Accessible Materials</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Hands On/Active Learning	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Clear Learning Targets (6.1)</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Independent Student Work	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Technology Integrated</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Centers	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Differentiated Instruction (2.4, 3.2)</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
		Learning Assessments Observed (7.1, 7.2, 7.5)
Nonlinguistic Representations	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Question/Answer <input type="checkbox"/> Informal <input type="checkbox"/> Quiz or Test <input type="checkbox"/> Group Response <input type="checkbox"/> Individual Response <input type="checkbox"/> Conference <input type="checkbox"/> Documentation of Assessment <input type="checkbox"/> Observation <input type="checkbox"/> None <input type="checkbox"/> Other
		Overall Comments/Observations:
Other	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Peer Evaluation	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Presentations	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Project Based Learning	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Question/Answer	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Similarities/Differences	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Summarizing/Note Taking	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Teacher Candidate Signature

Date

Ed Prep Supervisor Signature

Date

Key: H – High, M – Moderate, L – Low, D – Disengaged
Revised April 2016