

Name \_\_\_\_\_ Clinical Title/Course # \_\_\_\_\_  
 School \_\_\_\_\_ Classrm Teacher \_\_\_\_\_ Grade Level/Subj. \_\_\_\_\_

Please rate the clinical placement using the following criteria:

**NA = no evidence      1 = little or no evidence      2 = evident      3 = very evident**

	NA	1	2	3	Comments
1. Teacher helped me acclimate to the classroom and students.					
2. I felt adequately supported by the classroom teacher when observing, assisting, and/or teaching.					
3. Resource materials were provided as needed.					
4. This placement was effective in: <ul style="list-style-type: none"> <li>• Aiding students in the classroom</li> <li>• Helping me develop as a teacher</li> </ul>					
5. What I learned in this clinical will be applicable to my future teaching.					
6. The theories presented in the methods class were evident in the clinical experience.					
7. The implementation of "theory to practice" was effective.					
8. The teacher showed flexibility in working with the clinical students.					
9. Please share any other information about this clinical that might be pertinent to future placements in this particular classroom or school, such as: <ul style="list-style-type: none"> <li>• This was a useful clinical placement because . . . or</li> <li>• I did not feel this placement was as useful as it could be because . . .</li> </ul>					