Student Evaluation of the Clinical Experience

Name_____**Semester**_____**Year**_____

School_____**Grade**_____

Cooperating Teacher_____

University Supervisor_____

Complete and submit this form to your university supervisor upon completion of your clinical experience.

Evaluation Scale:	**1**	**Strongly Disagree**	**3**	**Agree**
	2	**Disagree**	**4**	**Strongly Agree**

1. This field experience was worthwhile	1	2	3	4
2. My university courses adequately prepared me for this field experience	1	2	3	4
3. I had the right amount of supervision from the coop. Teacher	1	2	3	4
4. My coop. Teacher maintains an effective classroom environment	1	2	3	4
5. The observation(s) I received from my university supervisor was/were helpful	1	2	3	4
6. I felt comfortable discussing problems with my university supervisor	1	2	3	4
7. I was allowed to participate as much as I desired	1	2	3	4
8. I spent the majority of my time in direct interaction with the children	1	2	3	4
9. This experience helped to solidify my career goals (How? Comment)	1	2	3	4
10. I developed practical skills through this field experience	1	2	3	4
11. I developed relational skills with educators, staff, students	1	2	3	4
12. I felt welcome in the school	1	2	3	4
13. My coop teacher was a professional role model for me	1	2	3	4
14. My coop teacher provided me with on-going feedback	1	2	3	4
15. I feel that I was a helpful addition to the classroom	1	2	3	4
16. I was able to identify some of my strengths and weaknesses as a teacher	1	2	3	4
17. Adequate resources were available to me (as provided by NCU)	1	2	3	4
18. I received adequate orientation from NCU in preparation for this experience	1	2	3	4
19. The work load during this experience was reasonable	1	2	3	4

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Additional Comments:

Student Signature:_____

Date:_____