



LAWRENCE UNIVERSITY

711 E BOLDT WAY
APPLETON WI 54911-5699

Dear Sir/Madam:

The student whose name appears on the back of this sheet is presently enrolled in *Ethnicity, Cultural Diversity, & Education*. To successfully complete the course, the student must spend a minimum of 20 hours working closely with ethnic minority children, adolescents, or adults.

On the back of this sheet, please certify the number of hours the student spent with your class, organization, group, or program. Please also indicate whether, and to what extent, each characteristic applies to what you observed in this student. If the characteristic does not apply to your setting or you did not observe it, please so indicate.

In order for this student to receive credit for the clinical experience we must receive this form by _____. You may give it to the student or mail or fax it directly to:

Stewart Purkey
Education Department
Lawrence University
711 E. Boldt Way SPC 22
Appleton, WI 54911-5699

E-mail: purkeys@lawrence.edu
Phone: 920-832-6715
Fax: 920-832-6884

Thank you for your time and graciousness in allowing this student to work with you and your students!

Best wishes,

Stewart Purkey
Director of Teacher Education

Date: _____

(please complete evaluation on reverse side**)**

Lawrence University
MULTICULTURAL EDUCATION PRACTICUM
EVALUATION FORM

Student's Name _____ Date _____

Please rate the student's performance during the practicum:

	Low			High
1. Establishes positive, productive working relationships with others	1	2	3	4
2. Demonstrates responsibility and dependability	1	2	3	4
3. Treats people with fairness, respect, and care.	1	2	3	4
4. Is aware of and responsive to relevant cultural characteristics and/or differences	1	2	3	4
5. Is receptive to constructive criticism from others; is reflective and self-critical	1	2	3	4
6. Communicates effectively with others	1	2	3	4
7. Is enthusiastic, energetic, and cooperative	1	2	3	4
8. Overall, how would you assess this person's ability to work with people whose cultural and/or ethnic background differs from his or her own?	1	2	3	4

Please attach any additional comments you would like to make (optional).

Total number of hours spent with your class, organization, or program: _____
(must be filled in for student to receive credit)

Mentor Signature _____

Name _____ Date _____

Name of School/Group _____

Thank you for your help! Your cooperation makes our teacher education program possible.