



LAWRENCE UNIVERSITY
APPLETON, WISCONSIN

Date: _____

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 practicum 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
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

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

Teacher Education Program Multicultural Practicum Evaluation



Student's Name _____ Term _____

Course No./Title EDST350 Ethnicity, Cultural Diversity & Education Professor Purkey

Please rate the student's performance during the practicum:

	Low			High
Establishes positive, productive working relationships	1	2	3	4
Communicates effectively with others	1	2	3	4
Is enthusiastic, energetic, and cooperative	1	2	3	4
Treats people with fairness, respect, and care	1	2	3	4
Demonstrates responsibility and dependability	1	2	3	4
Is aware of and responsive to relevant cultural characteristics and/or differences	1	2	3	4
Is receptive to constructive criticism from others; is reflective and self-critical	1	2	3	4
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. The student will have access to this feedback, which will be included in the pre-student teaching portfolio.

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

Mentor Signature _____ Date _____

Name (print) _____ Dept _____

Name of School or Group _____

Thank you for your help! Your cooperation makes our Teacher Education Program possible.