Teacher Education Program Practicum Evaluation



Student's Name		Term _				
Course No./Title		Profess	Professor			
the student's pe	our feedback is an important part of rformance and provide comments on edback, which will be included in the	the back of th	nis form.	The stud		
Please rate the	student's performance during the pra	acticum:				
			Low		High	
Subject matter knowledge		1	2	3	4	
Desire to work with students		1	2	3	4	
Humor, tolerance, and emotional balance		1	2	3	4	
Dependability and professional conduct		1	2	3	4	
Positive attitude regarding diversity (socioeconomic status, ethnicity, special needs)		1	2	3	4	
	Add comments	on back				
	Total number of hours spent with your (must be filled in for studen					
Teacher Signature		Date	Date			
Teacher Name						
E-mail		Phone	Phone			
School		Dept	Dept			
Please return to: Lawrence University You may give this to the standard to Education Department mail it. For the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit, the form must be represented by the student to credit.					receive	

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