

**WALDORF COLLEGE DEPT. OF EDUCATION  
INTRODUCTORY CLINICAL EXPERIENCE EVALUATION**

College Student \_\_\_\_\_ Semester/Year \_\_\_\_\_

Course \_\_\_\_\_

School/Agency \_\_\_\_\_ Classroom/Group \_\_\_\_\_

Professor \_\_\_\_\_ Cooperating Teacher \_\_\_\_\_

**NO =Not Observed 1 = Needs Improvement 2 = Satisfactory 3 = Excellent; Comments optional**

INTASC		RANKING				COMMENTS
		NO	1	2	3	
<b>1, 3</b>	<b>Instructional Planning</b>					
	Knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>3, 4, 8</b>	<b>Instruction</b>					
	Keeps pupil on-task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Appropriate feedback to pupils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>2, 5</b>	<b>Teacher-Pupil Relations</b>					
	Rapport with pupils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Responsive to pupil behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>6, 7</b>	<b>Classroom Organization</b>					
	Efficient use of supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Assists in technology use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>9</b>	<b>Personal &amp; Professional Responsibility</b>					
	Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>5, 10</b>	<b>Social &amp; Emotional Well-being</b>					
	Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Cordial; acceptable manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>6</b>	<b>Interpersonal Relationships</b>					
	Speaking: appropriate grammar, clarity, volume, articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Writing: Legible, adequate mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>10</b>	<b>Professionalism</b>					
	Professional relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Appropriate grooming/attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher: Would you like to have this student for another clinical experience or student teaching if available? Why or Why not?