

WALDORF EDUCATION DEPARTMENT
INTRODUCTORY CLINICAL EXPERIENCE EVALUATION

Student's Name _____ Semester/Year _____

Course Name _____ Education Faculty _____

Cooperating School _____

Cooperating Teacher _____ Grade Level/Subject _____

NO-Not Observed; 1-Unacceptable; 2-Needs Improvement; 3- Satisfactory; 4-Excellent Please supply explanatory comments for all 1 ratings.

InTASC		RANKING					COMMENTS
		NO	1	2	3	4	
3	Teacher-Pupil Relations						
	Rapport with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	Personal & Professional Responsibility						
	Punctual	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	_____
3, 9	Social & Emotional Well-being						
	Enthusiastic	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	_____
3, 8	Interpersonal Relationships						
	Speaking: appropriate grammar, clarity, volume, articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Writing: legible, adequate mechanics (including e-mail communications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10	Professionalism						
	Communication with classroom teacher	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	_____

Signature _____ Date _____

I would like to have this student for another clinical experience. I would not like to have this student for another clinical experience.

Please write your comments in the box below.