**Final Evaluation Of Student Field Experience**

**THIS SECTION TO BE COMPLETED BY THE STUDENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fall |  | Spring |  | Year |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: |  | BCC ID#: |  |

|  |  |
| --- | --- |
| Brookdale email: |  |

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| --- |
| Field Experience Faculty Advisor: |

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**THIS SECTION TO BE COMPLETED BY THE TEACHER**

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| Classroom Teacher’s Name: |

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| --- |
| Name of School: |

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| --- |
| School Address: |

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| --- |
| School District: |

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| --- | --- | --- |
| Total Hours Student Attended: |  | (60 hrs. minimum to complete process) |

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| --- |
| Start Date/End Date: |

|  |
| --- |
|  |

**Final Evaluation Questions**

Was the student professional in regularity of attendance, in dress and appearance and with the faculty?

 1 2 3

(makes a poor impression) (good impression) (excellent impression)

Comments:

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| --- |
|  |

Do you think the student showed a definite interest in teaching by asking relevant questions and by working with students?

 1 2 3

(rarely worked well) (usually worked well) (always worked well)

Comments:

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|  |

Do you think the student has an understanding of students and empathy for their problems?

 1 2 3

(poor understanding) (some understanding) (excellent understanding)

Comments:

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| --- |
|  |

If applicable, does the student show an ability to work with students?

 1 2 3

(does not work well) (usually works well) (works very well)

Comments:

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Considering the student’s level of training has he/she demonstrated growth in understanding and applying the curriculum at an appropriate level?

 1 2 3

(not knowledgeable) (somewhat knowledgeable) (very knowledgeable)

Comments:

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|  |

Additional Comments:

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| --- |
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|  |  |
| --- | --- |
| Cooperating Teacher Signature: |  |

**PLEASE MAIL THIS FORM TO:** Anne La Porta, Email: alaporta@brookdalecc.edu

 Field Experience Administrator, Career Services

 Brookdale Community College

 765 Newman Springs Road

 Lincroft, NJ 07738