

**GRAMBLING STATE UNIVERSITY
COLLEGE OF EDUCATION**

Producing knowledgeable, skilled, and compassionate educators and other school professionals “Where Everybody Is Somebody”

RECORD OF OBSERVATION/PARTICIPATION EXPERIENCES

Last Name **PRINT** First Name G - Number University Instructor's Name Course # Semester and Year

Grambling State University

PRINT Mentor Teacher's Name **PRINT** School Name or Observation Site Experience Level Assigned

Must complete all information above to receive credit for observation hours

Date	Begin Time	End Time	Total Hours	Virtual Event/Activity/Video and Evaluative Comments	Name and Location of Specific Field Experience Activity
Total Hours				University Instructor's Signature*	

- *Course instructor's signature verifies completion of course assignment(s) related to field experiences objective(s).
- Field Experience K-12 Student Evaluation must be attached
 - Field Experience Report must be attached

GRAMBLING STATE UNIVERSITY
OFFICE OF PROFESSIONAL LABORATORY EXPERIENCES
FIELD EXPERIENCE STUDENT EVALUATION

Resident/Student Teacher's Name

Mentor/ Cooperating Teacher's Name

Semester/Year

Course Name and Number

Course Instructor

Field Experience Level: _____

Please mark the rating that best reflects your evaluation of the resident/candidate in each of the five items below.

Attendance

3 outstanding **2** satisfactory **1** unsatisfactory

Met My Expectations

3 outstanding **2** satisfactory **1** unsatisfactory

Fulfilled University Requirements

3 outstanding **2** satisfactory **1** unsatisfactory

Grade

A outstanding **B** satisfactory **C** unsatisfactory **D** incomplete

Professionalism

3 outstanding **2** satisfactory **1** unsatisfactory **0** counseling suggested

Please mark only items in this section which are judged to be Outstanding (+) or which Need Attention (-).

- | | |
|---|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Interaction with Adults |
| <input type="checkbox"/> Appearance/Dress | <input type="checkbox"/> Interaction with Children |
| <input type="checkbox"/> Voice and Speech | <input type="checkbox"/> Content Knowledge |
| <input type="checkbox"/> Personality | <input type="checkbox"/> Oral Communication Skills |
| <input type="checkbox"/> Enthusiasm | <input type="checkbox"/> Written Communication Skills |
| <input type="checkbox"/> Cooperative Attitude | <input type="checkbox"/> Presentation Skills |
| <input type="checkbox"/> Emotional Stability | <input type="checkbox"/> Evaluation Skills |
| <input type="checkbox"/> Initiative | <input type="checkbox"/> Management Skills |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Creativity |
| <input type="checkbox"/> "Likes Children" | <input type="checkbox"/> Use of Supplementary Materials |
| <input type="checkbox"/> Accepts Constructive Criticism | <input type="checkbox"/> Provision for Individual Differences |