

HOST TEACHER/STUDENT OBSERVER EVALUATION

Kindly take a few moments to complete the checklist below. Any comments you care to share with the instructor, coordinator and student would be welcome. Thank you again for your commitment to quality education!

Student Observer Name _____

Semester _____ **Host Site** _____

Yes No See Comment

_____	_____	_____	Was the student observer punctual?
_____	_____	_____	Did the student complete observation hours?
_____	_____	_____	Did the student notify you of schedule changes?
_____	_____	_____	Was student observer professional in appearance?
_____	_____	_____	Did the student conduct self in professional manner?

Comments:

Host Teacher Signature _____

Please return in student folder, or for reasons of privacy, fax to 845-344-6230 or mail to:

Katherine Sinsabaugh, Field Placement Coordinator
Education Department
SUNY Orange
115 South Street
Middletown, New York 10940