STUDENT OBSERVATION SITE
EVALUATION FORM

Kindly take a few moments to complete the checklist below. Any comments you care to share with the instructor and/or coordinator would be welcome. **Your name is optional.**

Yes	**No**	**Did the teacher always exhibit a professional manner?**
Yes	**No**	**Was this teacher a good role model?**
Yes	**No**	**Did you gain some positive insights from this teacher?**
Yes	**No**	**Would you recommend this site be used again? Why or why not? (Use comment section below)**
Yes	**No**	**Would you recommend this teacher to another student? Why or why not? (Use comment section below)**

Comments:

Student Observer Name (optional): _____

Host Site: _____

Host Teacher: _____

Host Site Age Group/Grade: _____

Semester: _____ Course Number: _____

Revised 07/12/11