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: ______________________________________________________________

Semester: __________________________ Course Number: ________________________