

Utah State University

School of Teacher Education and Leadership - Secondary Education Program

Clinical Experience Evaluation Form

USU Student _____ Student's A# _____

USU Methods Instructor _____

Mentor Teacher _____ School Site _____

Grade Taught / Content area _____ Semester _____

Home Address of Mentor Teacher _____

E-mail of Mentor Teacher _____

Mentor Teacher Signature _____

USU Student Signature _____

How to Evaluate your Clinical Student

This guide is designed to assist you as you evaluate the performance of your clinical student teacher. It is understood that clinical students will most likely not engage in the same activities everyday, and there may be some things they never do (e.g. record keeping). Please assess performance based on the experiences s/he has had under your direction. Complete both pages.

The numerical ratings on the Clinical Experience Evaluation Form are described below.

5 = Always

4 = Almost always

3 = Sometimes

2 = Rarely

1 = Never

NA = Not applicable / not observed

Place one of the above ratings in the space provided beside each descriptor below. Taking an average will help you decide how to mark your clinical student's overall performance on the 2nd page of this evaluation.

_____ S/he is confident and poised, uses correct grammar, dresses professionally and is comfortable with his/her authority.

_____ S/he is prompt, well-prepared, organized and enthusiastic.

_____ S/he is accepting of and appropriate with all students, can gain and maintain attention, can implement classroom rules and intervenes appropriately.

_____ S/he has a positive tone, works well with adults and informs the mentor teacher and university professor if s/he must be absent.

_____ S/he is reflective, aware of his/her own performance, asks for help and works to improve performance.

_____ S/he conducts lessons with relative ease, demonstrating appropriate skills and content knowledge.

_____ S/he keeps accurate records and can reasonably assess students' work.

Check any classroom activities in which the USU student participated under your supervision.

- tutoring individual students
- correcting papers, filing and/or entering grades
- teaching mini-lessons
- leading whole-class activities
- supervising class activities, exams or special projects
- meeting with parents or school officials
- designing and implementing full-length lessons
- discussing educational issues with mentor teacher
- shadowing a student
- OTHER (please describe): _____

Identify observed strengths of the USU student as well as areas for growth.

Strengths _____

Areas for Growth _____

Please circle the number below that represents your clinical student's overall performance.

5	4	3	2	1
Demonstrates Outstanding Level of Competence	Demonstrates High Level of Competence	Demonstrates Acceptable Level of Competence	Developing Toward an Acceptable Level of Competence	Fails to meet an Acceptable Level of Competence

Please check the completion time for clinical experience under your supervision at your school.

- 30 hours minimum (full-time placement)
- 1/2 time placement is shared with another mentor teacher

How to Submit this Evaluation

Mentor teachers, once you complete the Clinical Experience evaluation form, please send it to the Office of Field Experience using any of the following methods:

- use the postage paid envelope if one has been provided
- have your clinical student deliver it to the Office of Field Experience
- scan and e-mail an electronic attachment to the attention of Helen Greene (helen.greene@usu.edu) or Mary Bedingfieldsmith (mary.bedingfieldsmith@usu.edu)
- fax to the attention of Helen Greene at 435.797.1441
- mail to Office of Field Experiences, Secondary Education, Utah State University, Logan, UT, 84322-2805.
- **Note: To receive your honorarium, please provide your SS# to Helen Greene at 435.797.1420 or helen.greene@usu.edu. For privacy reasons, we do not keep your number in our files.**