**Host Teacher Evaluation of Student Field Experience Performance - Augsburg College Education Department**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Professor signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course (circle one): **EDC 331 SPE410/510 SPE415/515 SPE 425/525 SPE430/530**

**To be completed by Students**: Complete the information above before you give this evaluation to your host teacher. Share your goal with your host teacher as you begin the field experience and then have them complete the evaluation when you have completed your hours.

Students’ Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by the Host Teacher:** Please circle the number that indicates the student’s overall performance in that area. ***If specific behaviors fall outside of that rating, please circle those behaviors and provide specific comments.*** Overall Rating Scale: **1 never** demonstrated; **2 infrequently** demonstrated; **3 sometimes** demonstrated;

**4 frequently** demonstrated and **5 always** demonstrated criteria in each area. An N/O indicates area was not observed or opportunities were not given. Please add any comments or explanations. This completed form conforms to requirements of the Family Educational Rights and Privacy Act.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Professional Dispositions**On time, appropriate dress & time management, professional behavior; acceptance of diverse learners; accurately self-evaluates; seeks advice and feedback | Comment / Suggestions: (Please use back for any additional comments) | 1 | 2 | 3 | 4 | 5 | N/O |
| **2. Personal Dispositions**Enthusiasm, confidence, shows initiative, patient and understanding, empathy, open-minded,  | Comment Suggestions: | 1 | 2 | 3 | 4 | 5 | N/O |
| **3.** **Respect for all Learners/Motivates Learning**Shows interest in all, confident and comfortable with all students, Motivates students; uses a variety of management strategies; perceptive of student needs; communicates well | Comment / Suggestions: | 1 | 2 | 3 | 4 | 5 | N/O |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Content Area Knowledge** Shows accurate background understanding of lesson content; identifies and remediates student misconceptions and misunderstandings. | Comment / Suggestions: | 1 | 2 | 3 | 4 | 5 | N/O |
| **5. Pedagogy**Appropriate planning to meet needs of diverse learners; uses a range of teaching strategies to accomplish different goals; is prepared to teach with all materials ready; paces lesson well; helps students make sense of content through various means; seeks/ integrates feedback on teaching | Comment / Suggestions: | 1 | 2 | 3 | 4 | 5 | N/O |
| **6. Assessment**Uses a variety of diagnostic, formative and summative assessment strategies; uses student data or student performance to inform teaching, alter curriculum. | Comment / Suggestions: | 1 | 2 | 3 | 4 | 5 | N/O |

Thank you for hosting a student and completing this evaluation. When you have completed the evaluation please place it in an envelope and sign along the sealed backside of the envelope. Then give the sealed envelope back to the student and the student will turn it in to their professor. If you have any questions please contact Dee Cole Vodicka Field Experience Coordinator at vodicka@augsburg.edu or call 612-330-1546.

If you prefer to FAX the evaluation, please FAX to 612-330-1339.

Host teachers’ name: (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail or phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student hours completed: \_\_\_\_\_\_\_

Copies of this evaluation form can be found at the following web site: <http://www.augsburg.edu/home/education/service/index.html>