

Utah State University

School of Teacher Education and Leadership - Secondary Education Program Clinical Experience Evaluation Form

USU Student _____ Student's A# _____

USU Methods Instructor _____ Email _____

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 every day, and there may be some things they never do (e.g., record keeping). Please assess performance based on the experiences your clinical student 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. The student:

_____ is confident and poised, uses correct grammar, dresses professionally and is comfortable with his/her authority. (UETS 10)

_____ is prompt, well-prepared, organized and enthusiastic. (UETS 10)

_____ is accepting of and appropriate with all students, can gain and maintain attention, can implement classroom rules and intervenes appropriately. (UETS 3)

_____ has a positive tone, works well with adults and informs the mentor teacher and university professor when necessarily absent. (UETS 9)

_____ is reflective, aware of his/her own performance, asks for help and works to improve performance. (UETS 8)

_____ conducts lessons with relative ease, demonstrating appropriate skills and content knowledge. (UETS 4)

_____ keeps accurate records and can reasonably assess students' work. (UETS 5)

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)
- ½ 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:

- Have your clinical student deliver it to the Office of Field Experiences,
- Scan and e-mail an electronic attachment to the Office of Field Experiences (scedst@usu.edu)
- If you have any questions please call our office (435)797-2222 or email us scedst@usu.edu
- **Note: To receive your honorarium, we must have a current W-9 form on file by October 15 (Fall) or March 15 (Spring). If you need one, please contact our office at (435) 797-2222 or scedst@usu.edu**