

Millersville University
Middle Level Professional Block Field Experience Evaluation Form

Directions: The statements on this form are characteristics and qualities that the Teacher Candidate is expected to demonstrate and which indicate the extent of his/her development at this point in the preparation sequence. As you carefully consider each item, please place an X in the box next to the level of performance that you think the Teacher Candidate demonstrated. Please select only one option for each section. Please complete the following evaluation form at the conclusion of the field experience. The form should be signed by the teacher candidate and by the mentor teacher and returned by the final Thursday to your MU supervisor's office. Any outstanding forms need to be returned, by the Teacher Candidate, to the Elementary, Middle and Special Education Office (Stayer 201) by the final Friday at 4:30pm.

Teacher Candidate's Name: _____ M Number _____

Major: _____ Semester/Date _____ Candidate's Phone Number: _____

School District: _____ School Name: _____ Grade Level: _____

Mentor Teacher Name: _____ MU Supervising Professor: _____

Taught a lesson in the following: (This is where it is applicable. If the subject is not taught in the class, it is not required.)

Literacy	Math	Science	Social Studies
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Did the candidate experience an inclusive classroom?	Yes	No	
Did the candidate work with students with disabilities?	Yes	No	
Did the candidate work with students from diverse racial/ethnic/cultural groups?		Yes	No



List this student's areas of strength.
