

**The University of North Carolina at Pembroke
Office of University-School Programs
Field Experience Evaluation Form**

Please complete the items below regarding your perception of your field experience. *Complete one form per course and return the form to Office of University-School Programs located in Education Center Room 102.*

Name _____ Banner ID# _____
 Licensure Area _____ Term _____ Year _____
 School _____ School District _____
 Course _____ Instructor _____

(Please put an X in the appropriate box for items 1-5) Outstanding Satisfactory Unsatisfactory

- | | | | |
|--|---|-----|-----|
| 1. Rate your field experience. | [] | [] | [] |
| 2. Rate the teacher's response to your presence in the classroom. | [] | [] | [] |
| 3. Rate the response of the school personnel that made the classroom placement when you arrived. | [] | [] | [] |
| 4. Rate your understanding of the field experience activities. | [] | [] | [] |
| 5. Rate the relevance of the field experience activities to the course. | [] | [] | [] |
| 6. In this experience I... (mark all that apply) | | | |
| a. _____ observed. | b. _____ worked with an individual student. | | |
| c. _____ worked with a group of students. | d. _____ assisted the teacher. | | |
| e. _____ taught a lesson. | f. _____ documented development of a student. | | |
| g. _____ interviewed a parent/ teacher/ administrator (circle all that apply) | | | |

Comments:

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