

**SUNY BROCKPORT- Department of Physical Education**  
**PEP 442- Secondary Methods Field Experience Teacher Evaluation (Rev. 3-31-11)**

Student Name \_\_\_\_\_ Semester/Year \_\_\_\_\_  
District \_\_\_\_\_ School/Grade Level \_\_\_\_\_  
School Based Teacher Educator \_\_\_\_\_  
SUNY Brockport Instructor Name \_\_\_\_\_  
Did this experience involve students whose second language is English? YES NO

**Please circle pass if student passed field experience or fail if they did not. In addition, please sign and date the document in the appropriate space.**

**Pass**                      **Fail**

**SBTE Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**AREA 1- PROFESSIONALISM:** (Includes items such as attendance, punctuality, professional appearance and conduct, interactions with cooperating teachers, receptiveness to feedback and suggestions for change, etc.)

**Comments:**

**AREA 2- TEACHER BEHAVIOR** (includes items such as personal behaviors such as enthusiasm, initiative, wiliness to get involved, interest level, "passion" for the profession, etc) and professional behaviors such as voice volume and clarity, interaction and rapport with students, feedback to students, "with-it-ness," etc.)

**Comments:**

**AREA 3- CLASS MANAGEMENT AND DISCIPLINE** (includes items such as the use of start and stop signals, efficient distribution and collection of equipment, efficient methods of forming groups or teams, smooth transitions, maximizing participation, etc.)

**Comments:**

**AREA 4- INSTRUCTIONAL CONTENT:** (includes items such as quality of written lesson plans, selecting appropriate activities for ability levels of students, making activities fun and interesting for students, focus on student learning, lesson presentation and explanations, demonstrations, use of good instructional cues, etc.).

**Comments:**