PEP 441- Instructional Planning in Physical Education Field Experience Evaluation

Student Name__________________  Semester/Year______________
District________________________  School/Grade Level__________
Name of School-Based Teacher Educator_____________________________________
E-mail for School-Based Teacher Educator ___________________________________

Did this experience involve students whose second language is English?  YES  NO

Please circle pass if the student passed the field experience or fail if they did not.

PASS  FAIL

In addition, please sign and date the document in the appropriate space.

School-Based Teacher Educator’s Signature_______________________________
Date_______________________________

Please take a few moments to comment on the following two areas. In addition, please rate the teaching candidate on a scale of 1-5 for each area with 5 being “exemplary” and 1 being “unacceptable.” Please circle the appropriate number.

Area 1- Professionalism: (Includes items such as attendance, punctuality, professional appearance and conduct, interactions with school based teacher educators and other school staff, receptiveness to feedback and suggestions for change, etc.).

Rating: 1  2  3  4  5
Comments-

Area 2- Teacher Behavior: (Includes items such as personal behaviors including but not limited to enthusiasm, initiative, willingness to get involved, interest in profession, “passion” to be a physical educator, etc), demonstrated sensitivity and awareness toward individual and cultural student differences and professional behaviors such as voice volume and clarity, interaction and rapport with students, feedback to students, etc.).

Rating: 1  2  3  4  5
Comments-