Mentor Name: Date:

Teacher Candidate Name:

***FALL FIELD EXPERIENCE OBSERVATION FEEDBACK FORM***

*Mentor Evaluation*

Please fill in the appropriate information for each teacher candidate and add comments.

3= Exceeds Expectations 2=Meets Expectations 1= Needs Improvement

|  |  |
| --- | --- |
| Shared lesson plan or activity ahead of time | 3 2 1 |
| Discussed lesson choice or activity with mentor ahead of time | 3 2 1 |
| Came to class to teach fully prepared with the necessary materials | 3 2 1 |
| Lesson focused on objectives stated in plans | 3 2 1 |
| Lesson was obviously planned ahead of time | 3 2 1 |
| Lesson sequence was appropriate and contributed to student learning | 3 2 1 |
| Lesson content was appropriate for class | 3 2 1 |
| Transitions were handled smoothly | 3 2 1 |
| TC modeled correct grammar in both written and oral situations | 3 2 1 |
| Schema was activated prior to the lesson | 3 2 1 |
| All materials fit logically into the lesson | 3 2 1 |
| Lesson started with the concrete and became more abstract  | 3 2 1 |
| Appropriate interaction among students was included | 3 2 1 |
|  Activity or activities used during lesson related to the objective of the lesson  | 3 2 1 |
| Interactions with students were positive | 3 2 1 |
| Overall opinion of lesson | 3 2 1 |
| Comments |

Please add additional comments to the back of this sheet and send to FEC and university faculty. Teacher Candidate also receives a copy. Thank you for your help.