

**TEACHER SHADOW STUDENT EVALUATION FORM**

**Clinical Field Experience in your intended licensure area:**

Student Name: Dates of Experience:

Supervising Teacher Name: Grade Level or Subject Matter:

Name of School: Intended Licensure Area:

Address: City: State: Zip:

Phone: ( )

**Teacher shadow goal**: To provide prospective education majors/minors (K-12) an opportunity to gain experiences in classrooms within their intended licensure area. This five full-day classroom experience will give education majors/minors exposure to the daily activities of a classroom, allowing them the opportunity to actively engage with and assist the classroom teacher and students.

Dear Supervising Teacher,

Thank you for offering your classroom as a placement site for a week-long Teacher Shadow for a College of St. Benedict/ St. John’s University education student. The overarching goal of the week is for the teacher candidates who are elementary education majors or secondary education minors to gain direct experiences in classrooms and schools.

During this week, we simply ask that the teacher candidate immerse him/herself in your classroom as fully as possible, shadowing you to gain a better understanding of how to work with a range of students, and being involved in the day-to-day activities of the room, assisting you and your students as best they can. Our goal is for the teacher candidate to be as actively engaged in your classroom as possible!

If, by the week's end, you and the teacher candidate feel comfortable, providing a chance to teach a (mini) lesson under your supervision is highly desirable, but not necessary. Please use your judgment. Another idea might be to allow the teacher candidate to give a brief personal introduction as the week begins. Any experience “in front” of the classroom helps build comfort and confidence! Please email this form to [teachershadow@csbsju.edu](mailto:teachershadow@csbsju.edu)

Thank you!

|  |  |  |  |
| --- | --- | --- | --- |
| ACTIVITY/EXPERIENCE | YES | NO | NA |
| Provided individual tutoring or support |  |  |  |
| Provided small group instruction |  |  |  |
| Helped with lesson prep |  |  |  |
| Taught a large group/whole class |  |  |  |
| Supported classroom routines and procedures (i.e. prepping supplies) |  |  |  |
| Supervised lunchroom/playground |  |  |  |
| Graded papers/work |  |  |  |
| Read to students and/or listened to students read |  |  |  |
| Punctuality in attendance |  |  |  |
| Professional appearance |  |  |  |
| Interacted professionally with students |  |  |  |
| Recognized needs of students and attended to them without prompting |  |  |  |
| Demonstrated comfort around children |  |  |  |
| Enthusiastic and positive attitude |  |  |  |
| Accepted constructive feedback easily |  |  |  |
| Effective communication skills |  |  |  |

Are there teacher strengths or weaknesses on which you would like to comment?

OTHER COMMENTS:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

