CANDIDATE’S EVALUATION OF THE FIELDWORK PLACEMENT

Candidate’s Last Name ___________________________ First ___________________________ EMPLID ____________

CCNY Course Number ________________ Course Title ________________________________________________

CCNY Instructor’s Name ___________________________ Semester ______ Year _______ UG ___ G __

Fieldwork Teacher’s Name ___________________________ Class/Subject Observed ______________________

School/ Placements Site ___________________________

Instructions to the candidate: The Office of Clinical Practice would appreciate your input regarding the above fieldwork placement. Please circle the appropriate rating (e.g. 3 = Exceeded Expectations; 2 = Met Expectations; 1 = Did Not Meet Expectations; N/A = Not Applicable) for each of the items below:

1. The placement met the requirements for my course. 3 2 1 N/A

2. The school’s placement coordinator welcomed me in a professional manner. 3 2 1 N/A

3. The classroom teacher was cooperative and professional. 3 2 1 N/A

4. My experience with the students was enjoyable. 3 2 1 N/A

5. What is your overall rating for this fieldwork placement? (Please explain below) 3 2 1 N/A

Please provide any comments below, especially if one of the above items received a rating of 1 (Did Not Meet Expectations).

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Thank you for your comments regarding this fieldwork placement.

Candidate’s Signature ___________________________________________ Date __________________

Your Program at CCNY ___________________________________________

Email Address ___________________________________________ Cell # __________________

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