

CALIFORNIA STATE UNIVERSITY, FULLERTON – EDEL 315

Spring 20____

Early (Pre-Program) Field Experience Evaluation

Fall 20____

STUDENT NAME: _____ CREDENTIAL OBJECTIVE: Multiple Subject
Admission to the program depends upon experience observing and, if possible, working with diverse TK-8 grade students (paid or volunteer) for a total of 45 hours. Below, evaluate the EDEL 315 student’s potential as an effective teacher, based upon your observations.

NAME OF SCHOOL: _____ GRADE(s): _____

DISTRICT/COUNTY: _____ Phone: _____

DESCRIPTION OF EDEL 315 Student RESPONSIBILITIES – what did they do in your classroom?

Approximate number of TOTAL HOURS the student spent observing in your classroom: Total _____ hours
(EDEL 315 students must spend at least 45 hours in observations in one/more classrooms)

Of this total, how many hours were spent:
_____ in specialized instruction (e.g., PE, Music, Art, Special Education, EL, etc.) _____ hours

_____ in other capacities - please specify (e.g., field trip, parent teacher conference, etc.): _____ hours

Use the 5-point scale to evaluate the EDEL 315 student on the dispositions (A) and abilities (B) in evidence, below:

- 5. Outstanding (excellent)
4. Above Average (very good)
3. Average (satisfactory)
2. Needs to Improve
N/A. No Opportunity to Judge

A) DISPOSITIONS (use the 5-point scale above, in rating both dispositions and general ability, below)

Responsible _____ Organized _____ Considerate _____ Attentive _____ Punctual _____

B) GENERAL ABILITY

- _____ Engages with students in a positive and supportive manner
_____ Shows resourcefulness, creativity and originality
_____ Reflects upon classroom/organization practices and accepts criticism and feedback, thoughtfully
_____ Demonstrates a commitment to just, equitable, and inclusive education
_____ Takes initiative
_____ Appreciates diversity, supports antiracist classroom teaching and management

COMMENTS? (use an additional page, if desired): _____

Mark your recommendation for CSUF program admission, below (Contact information required for verification*)

Strongly recommend: _____ Recommend: _____ Recommend with reservations: _____ Do not recommend: _____

_____ / _____ / _____

Supervising Teacher/Program Director Name

Signature

Date

_____ / _____ / _____

Position

*Work Email

*Phone Number

Candidates must keep a copy of this form for their application to the credential program.

Form updated: 2024