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 at least 20 hours in a pre-K-8 elementary public school setting.** Below, evaluate the EDEL 315 student's potential as an effective teacher, based upon your observations.

NAME OF SCHOOL: _____ **GRADE(s):** _____

DISTRICT/COUNTY: _____ **Phone**:_____

Brief 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 20 hours observing in one/more classrooms)
Of the total, you listed above, 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 below, to evaluate the EDEL 315 student on the Dispositions (A) and General Ability (B):

5. Outstanding (excellent)
4. Above Average (very good)
3. Average (satisfactory)
2. Need 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 is responsive to feedback

_____ Takes initiative

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 (may be electronic)	Date

	/	/
Position	*Work Email	*Phone Number

Candidates *must* keep a copy of this form for their application to the credential program. *Form updated: 7/9/2026*