

**STUDENT OBSERVATION SITE  
EVALUATION FORM**

Kindly take a few moments to complete the checklist below. Any comments you care to share with the instructor and/or coordinator would be welcome. **Your name is optional.**

**Yes    No                      Did the teacher always exhibit a professional manner?**

**Yes    No                      Was this teacher a good role model?**

**Yes    No                      Did you gain some positive insights from this teacher?**

**Yes    No                      Would you recommend this site be used again? Why or why not? (Use comment section below)**

**Yes    No                      Would you recommend this teacher to another student? Why or why not? (Use comment section below)**

**Comments:**

**Student Observer Name (optional):** \_\_\_\_\_

**Host Site:** \_\_\_\_\_

**Host Teacher:** \_\_\_\_\_

**Semester:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_