

**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:** _____