

Sample Minimal Report

The University of Lethbridge

FIELD EXPERIENCE REPORT FORM

This is a summative appraisal of the student teacher at a particular level of practicum and is based on what may be expected of a student at that stage of teacher development. Please complete this form at the end of the practicum.

Student's Name: MB

Practicum: _ 2500 _ 3500 _ 3600 _ 4600

Major:

2nd Major/Minor:

Teacher Associate's Name:

School:

Faculty Advisor's Name:

Dates of Practicum:

Grade Level(s) Taught:

Subjects/Themes Taught:

Refer to *Competency Checklist* for topics within each area and a description of basic expectations and competencies for each practicum level.

Communication Skills:

MB's communication skills are more than adequate. I noticed a marked improvement in MB's ability to interact with Junior High School students.

Preparation:

MB's lessons were well prepared.
MB's decisions, about the amount of time to spend on each part of the lesson, improved during the practicum.

Content Knowledge:

MB demonstrated a broad scientific knowledge.

Instructional Skills:

As for instructional skills, this was the area where MB improved the most. He was not afraid to try different strategies then discuss the outcome.
MB's focus on having the students spend more time doing practical activities rather than listening to lecture type activities was a benefit to the students.

Classroom Management:

Classroom management is an area where MB needs to develop some routines that will compliment his excellent planning skills and enthusiasm.

Evaluation:

MB did a good job evaluating his lessons. Often he was more critical of himself than he needed to be.

Professional Conduct:

MB acted in a professional manner in all the activities I observed.

General Comments (includes strongest aspects of student performance and areas in need of improvement):

I found MB to be a very pleasant and cooperative person.
I feel he will be a good teacher.
He has the required patience and enthusiasm.

Recommendation: Pass Fail
Incomplete (Provide reasons and recommendations for additional practicum)

_____	_____	_____
Student	<input type="checkbox"/> Teacher Associate	<input type="checkbox"/> Faculty Advisor
_____	_____	_____
Date	Date	Date

Please put a check mark beside the originator(s) of the document.

Submit completed forms to the Field Experience Office, The University of Lethbridge.