

# Placement Evaluation Form



Please submit this form to the School of Education office (in hard copy at OC 214.1 or by email to [jessicafudge@trentu.ca](mailto:jessicafudge@trentu.ca)) within two weeks of the end date of placement.

<b>Student Name:</b>		<b>Host Name:</b>	
<b>Start Date:</b>		<b>Host School or Organization:</b>	
<b>End Date:</b>		<b>Role in Placement:</b> (eg. "Classroom Assistant")	

**Overall Outcome of Placement:**                      Pass                      Fail

**Number of Hours Completed:**                      Hours

	<b>Performance Level</b>			
	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
The TES student met the specific expectations agreed upon in advance of the placement (on the original Placement Proposal Form).				
The TES student demonstrated professionalism in interactions with key stakeholders (such as children, parents, other members of the host organization, etc.)				
The TES student demonstrated a commitment to education during this placement.				
The TES student demonstrated initiative during this placement.				
The TES student was responsive to constructive feedback with respect to learning how to better meet the needs of the learning environment.				

**General Comments:**

Host Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_