

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) within two weeks of the end date of placement.

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

Overall Outcome of Placement: Pass Fail

Number of Hours Completed: Hours

| | Performance Level | | | |
|--|---|----------|----------|----------|
| | 4= Surpassing Expectations 3= Meeting Expectations 2= Approaching Expectations 1= Not Meeting Expectations | | | |
| | 4 | 3 | 2 | 1 |
| 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: _____