San Jose State University
Department of Special Education
Student's Opinion of Fieldwork Experience

Date: ___________________________ Name: (optional) ________________

Semester: ______________________ Course: ________________________

Are you an Intern? ___________

Name of the person you are evaluating: ____________________________

Role of the person you are evaluating: ____________________________

Describe your experiences with this individual in the following areas:

Professional respect:

Rapport:

Describe your communication with this individual in the following areas:

Clarification of expectations:

Accessibility:

This individual's response to requests:
Varied observation & consultation times:

What methods were used to develop your skills?

- Feedback on observed lessons
- Demonstrated teaching
- Introduction to new techniques
- Introduction to new materials

Discussion about best practices
Examination of IEPs, assessments
Other (please describe):

University Supervisor or Support Provider contacts:

Number of classroom observations by your University Supervisor or Support Provider:___

Was the amount of observation time: (Check one)
Adequate ___   Too much    Too little

Number of seminars including orientation: ___
Number of telephone or email contacts ___
Number of individual/personal meetings ___
Was the amount of conference time: (Check one)
Adequate ___   Too much    Too little

What have you gained from this practicum experience?

What are the strengths of your University Supervisor/Master Teacher/Support Provider?

In which areas do you think your University Supervisor/Master Teacher/Support Provider needs to improve?

Suggestions for improving this course: