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

Date: ______________________ Name: (optional) ______________________

Semester: ________________ Course: ______________________

Name of the person you are evaluating: ____________________________

Role of the person you are evaluating: Support Provider

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? Circle All

1. Feedback on observed lessons
2. Demonstration
3. Introduction to new materials
4. Discussion about evidence based best practices
5. Examination of IEPs, assessments
6. Other ________________

Support Provider contacts:

1. Number of classroom observations by Support Provider:_____
2. Was the amount of observation time: (Circle one)
   Adequate Too much Too little

3. Number of telephone or email contacts___
4. Number of individual/personal meetings__
5. Was the amount of conference time: (Circle one)
   Adequate Too much Too little

What have you gained from this practicum experience?

What are the strengths of your Support Provider?

In which areas do you think your Support Provider needs to improve?

Suggestions for improving this course: