

Pre-Service Teacher Assessment of the Field Experience Form – Semester _____

To be completed at the end of the field experience and submitted to the CDTE Supervisor

Student Name: _____ **Mentor Name** _____ **Semester** _____

How would you rate your...	Circle one: 0= no opportunity, 1= poor to 5 = excellent					
attendance and punctuality?	0	1	2	3	4	5
experiences working with parents or family of the elementary students?	0	1	2	3	4	5
opportunities to write letters or develop materials for parents or family?	0	1	2	3	4	5

Describe an experience during your field experience when you felt confident.

Describe an experience during your field experience when you felt challenged. What did you do and what would you do in a similar situation in the future?

How would you rate your comfort...?	Circle one: 1= not comfortable to 5 = very comfortable				
applying K'é as a system for relating to students	1	2	3	4	5
developing activities for small groups of students	1	2	3	4	5
using Navajo culture or language when teaching	1	2	3	4	5

Is there anything you would like to see changed in the field experience?

Return to the CDTE Supervisor