



**Teacher
Education
Program**

Service Learning/Field Experience Time Log and Evaluation

STUDENT: _____

STUDENT PHONE: _____

STUDENT ADDRESS: _____

STUDENT CITY/ZIP: _____

SERVICE LEARNING SCHOOL: _____

SCHOOL DISTRICT: _____

SCHOOL ADDRESS: _____

SCHOOL CITY/ZIP: _____

MENTOR TEACHER/SUPERVISOR: _____

GRADE: _____ **PHONE:** _____

CGCC INSTRUCTOR: _____

CGCC PRIMARY COURSE: _____

SLA: _____

PRIMARY CLASS NUMBER: _____

STUDENT EVALUATION: *(Please rate this student accordingly, provide brief explanation when necessary, and make specific positive comments on the motivation, interpersonal skills, work ethic, interest in students, and other skills or attributes you have observed. Feel free to attach additional information or a copy of a letter of commendation which the student may include in his or her education portfolio.)*

<i>This student...</i>	Exceptional	Appropriate	Minimal	N/A
Works well with school students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes initiative, "jumps right in" as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is actively engaged in appropriate classroom activities when possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits a positive and collaborative attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends as expected and is on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays professional demeanor (as reflected in dress, appearance, and communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

SIGNATURE: _____

DATE: _____

