

**Health/Physical Education Field Experience Evaluation Form**

\*Each field experience must be thoroughly, officially, and authentically evidenced in P-12 settings and/or P-12 populations unless otherwise stated.

Student's Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

What category do your hours complete? \_\_\_\_\_ (Category I, II, or III)

Check one:    \_\_\_\_\_ Observation    \_\_\_\_\_ Participation/Assist    \_\_\_\_\_ Teaching

How many clock hours were involved? \_\_\_\_\_ If required for a course, what course (give number & teacher) \_\_\_\_\_

Location of experience (school name, event location, etc.) \_\_\_\_\_

What type experience (physical education class, pep-rally, football camp, reading class)?

\_\_\_\_\_ Grade level \_\_\_\_\_

Reflect on the criteria listed below, noting both what you observed and your reaction, comments, or opinions on what you observed. Attach additional pages as needed.

Describe the learning objectives:

Strategies used to reach objectives (note any use of technology):

Student/Teacher/Other behaviors observed (note any specific diversity of exceptionality observed):

Student's Signature \_\_\_\_\_ Validating Name (PRINT) \_\_\_\_\_

Validating Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please rate the Troy University students on a scale of 1 – 5 on the following:

	Superior	Above Average	Average	Below Average	Unacceptable	
Punctuality	1	2	3	4	5	NA
Student Rapport	1	2	3	4	5	NA
Professionalism	1	2	3	4	5	NA
Content Knowledge	1	2	3	4	5	NA

Please write any additional comments on the back of this paper. Thank you.