

**Clinical Site Evaluation**

Every candidate must complete this form and at the conclusion of each Clinical Placement.

Semester

Candidate Printed Name

Course Number EDUC 467

Course Name Student Teaching Experience

Clinical Placement Site District

School Name

**Evaluation of the Clinical Site**

Check one box:

[ ] Yes, this was an effective clinical placement site.

Reason(s)

[ ] No, this was not an effective field placement site.

Reason(s)

Spring 2020