



US JOONGANG MONTESSORI INSTITUTE

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PRACTICUM EVALUATION

STUDENT NAME: _____

COURSE (Check one): ECE Practicum Montessori Practicum

Please circle the appropriate rating in terms of the following criteria:

0 No Comment	2 Low	4 High
1 Very Low	3 Neutral	5 Very High

1. Ability to grab attention of children	0	1	2	3	4	5
2. Ability to lead children to follow and listen	0	1	2	3	4	5
3. Organization of materials	0	1	2	3	4	5
4. Curriculum objectives met	0	1	2	3	4	5
5. Quality of lessons	0	1	2	3	4	5
6. Overall quality of teaching	0	1	2	3	4	5

Please comment on things done well:

General comments:

EVALUATING TEACHER: _____

SCHOOL NAME: _____

EVALUATING TEACHER SIGNATURE: _____ DATE: _____