



**JANUARY-TERM CLINICAL EXPERIENCE  
Application for Placement**

This clinical requires previous registration in the appropriate Jan term class.

Request for Jan-term (year) \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

MAJOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PREFERENCES FOR JAN-TERM PLACEMENT:**

My first choice of school(s):

Name of School \_\_\_\_\_

My second choice of school(s):

Name of School \_\_\_\_\_

I requested these schools because (*explain briefly*)

*Date of submission* \_\_\_\_\_

***This form must be submitted no later than November 1 prior to the requested Jan-term placement.***

Return form to:

Office of Clinical Experience  
School of Education  
Samford University  
Birmingham, Alabama 35229

**JANUARY-TERM CLINICAL EXPERIENCE**  
**Evaluation of Student Intern**

Samford University student \_\_\_\_\_ has completed 3 full weeks (opening – closing of the school day) in the classroom.

Student intern was present every day \_\_\_ yes \_\_\_ no      Number of days absent \_\_\_\_\_

Student intern was punctual every day \_\_\_ yes \_\_\_ no      Number of days late \_\_\_\_\_

**Please indicate ways that the student functioned in your classroom.**

- \_\_\_\_\_ observed
- \_\_\_\_\_ tutored individual students
- \_\_\_\_\_ worked with small groups of students
- \_\_\_\_\_ taught whole-class lesson(s)
- \_\_\_\_\_ performed tasks to help the teacher
- \_\_\_\_\_ other \_\_\_\_\_

**Please rate this student 5 (excellent), 4, 3, 2, 1 (poor) according to the following:**

- \_\_\_\_\_ attendance
- \_\_\_\_\_ punctuality
- \_\_\_\_\_ initiative
- \_\_\_\_\_ attitude toward classroom responsibilities
- \_\_\_\_\_ respect for others in the school environment
- \_\_\_\_\_ preparation for the classroom (as a student intern)

**Did the student intern prepare for teaching responsibilities prior to beginning of the school day?**

**Were your expectations met by the performance of the student intern? Please comment on the back of this form.**

**Do you feel that this was a worthwhile experience for you and your students? Please comment on the back.**

**On the back, please make any suggestions that would help Samford University make this a better experience for the student and/or for the classroom teacher.**

Teacher \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade/Subject \_\_\_\_\_

*We thank you for allowing this student into your classroom.*

*Samford University Teacher Education Faculty*

Please give this form to the student or mail to:      Office of Clinical Experiences  
School of Education  
Samford University  
Birmingham, AL 35229