



# EFE III Student Assessment Form

## Student Information

Please click the **EFE III Student Assessment Form** link in your email to start this form.

Student Name

## Participating Teacher Information

First Name

Last Name

Email Address

Name of school

City

State (Type Country if outside of US)

## EFE Dates and Experiences

5 Full days must be completed. Days 6-10 are only needed if half days were used. Click the + button to add additional days.

Day	Length of Day	Experiences which you taught, assisted, or observed on this day. Bullet points are acceptable.
<input type="text"/>	<input type="radio"/> Full <input type="radio"/> Half	<input type="text"/>

Total Days

## Context for Learning

Describe the community setting where your school is located.

Describe your school/classroom.

Describe the make-up of the students you are teaching.

## Reflection

Reflect on how you met the needs of the students you helped/taught during this experience.

## Verification

Your initials are verification of the information provided

**After submission, print a copy of this form. The copy should be signed by the participating teacher, and placed into your MLC Reflection Journal.**



### Office Use

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Evaluation Status

Draft