



EFE II Student Assessment Form

Student Information

Please click the **EFE II 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

Evaluation Status

Draft