



SAINT LOUIS
UNIVERSITY

SAINT LOUIS UNIVERSITY
HIGHER EDUCATION ADMINISTRATION
College Teaching Internship
LEARNING OBJECTIVES

Student Name: _____

College/University: _____

College Course: _____

Teaching Mentor: _____

Please identify two learning objectives from each category below:

ACADEMIC OBJECTIVES:

2.

PERSONAL OBJECTIVES:

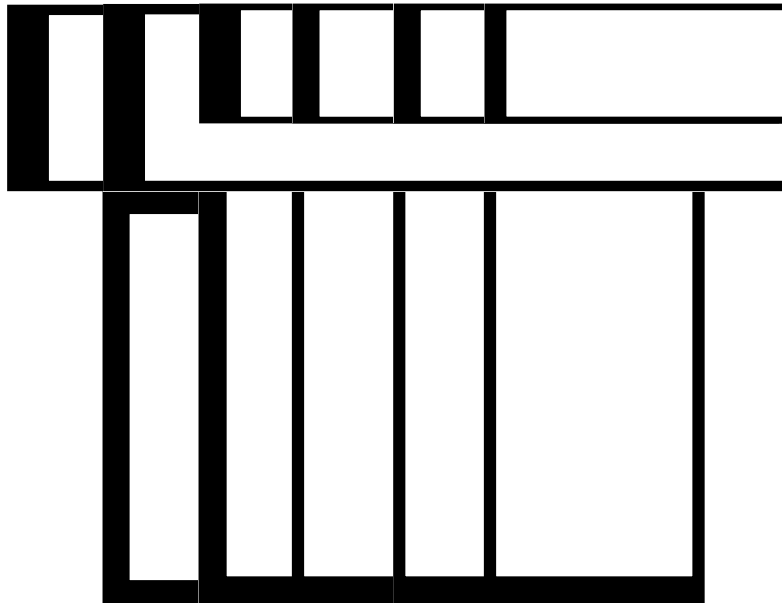
1

2.

FUTURE TEACHING/CAREER RELATED OBJECTIVES:

1.

2.



ORGANIZATIONAL SKILLS

5 4 3 2 1 NA

4) Identify any obstacles that were encountered during classroom time and describe how y

8) Overall, my internship experience was:

Extremely Valuable Very Valuable Valuable
 Not Very Valuable Of No Value

Student Signature: _____

Date: ___/___/___

Please Return form to: Dr. Karen Myers
Saint Louis University
3500 Lindell Boulevard
Fitzgerald Hall
St. Louis, MO 63108
(314) 977-3214

Office use only:
Reviewed: ___/___/___

ORGANIZATIONAL SKILLS

	5	4	3	2	1	NA
7. Time management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Lesson Planning organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELATIONSHIPS WITH OTHERS

9. Availability to students in course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to work with teaching mentor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Acceptance of constructive comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ability to take direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATIONS SKILLS

13. Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART TWO: ACCOMPLISHMENTS

Please describe any noteworthy teaching experiences or accomplishments the student intern has completed during the internship. (If additional space is needed, please attach additional page to evaluation.)

OVERALL EVALUATION

Please describe your overall evaluation of the student intern. (If additional space is needed, please attach additional page to evaluation.)

Teaching Mentor's Signature: _____

Date: ____/____/____

Please return form to:

Dr. Karen Myers
3500 Lindell Boulevard
Fitzgerald Hall
St. Louis, MO 63108
(314) 977-3214

Saint Louis University

Office use only:

Reviewed: ____/____/____