

Education Specialist Preliminary Credential Program  
CSULB College of Education  
587/588 Advanced Field Study and Seminar  
Formative Evaluation

Name of Candidate: \_\_\_\_\_ University Supervisor: \_\_\_\_\_  
Course: \_\_\_\_\_ M/M or M/S Semester: \_\_\_\_\_ Mentor/Master Teacher: \_\_\_\_\_

Directions for Rating: Please rate each of the following items on a scale of 1 – 4 (1 = competency not demonstrated; 2 = competency demonstrated at emerging level; 3 = competency demonstrated at beginning level; 4 = competency demonstrated at advanced level). If the item is not applicable or there was no opportunity to observe, please write in N/A (not applicable) or N/O (not observed). Please

