

UNIVERSITY OF WATERLOO

DEPARTMENT OF FRENCH STUDIES
ML BUILDING, ROOM 333
FRENCHUNDERGRAD@UWATERLOO.CA

FTS – Placement Evaluation and Hours Log

Name:
UW Student ID #:
Phone number:
Email:
Name of Placement:
Placement phone number:
Name of Supervisor / Teacher / Mentor:
Telephone number of Supervisor / Teacher / Mentor:

WEEKS OF PARTICIPATION (MONTH/DAY/YEAR)	NUMBER OF HOURS	STUDENT SIGNATURE	SUPERVISORS SIGNATURE
TOTAL NUMBER OF HOURS:			

Comments: _____

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Placement Evaluation Checklist (Supervisor to Complete):

Overall evaluation:

Student met expectations

Student did not meet expectations

Please rate the following aspects of the student's performance:

	Outstanding	Very Good	Good	Satisfactory	Unsatisfactory	Not Applicable
Organization and Planning						
Communication/ Interpersonal Skills						
Classroom Management						
Collaboration and Teamwork						
Caring and Inclusiveness						
Flexibility and Adaptability						

Evaluator's Comments:

Evaluator's Signature: _____ Date: _____

Please send this completed form to frenchundergrad@uwaterloo.ca.
Thank you for your support towards the student's training.