



Department of Education
Office of Certification and Field Experience

STUDENT:	_____	DATE:	_____
COOPERATING TEACHER:	_____		
GRADE:	_____		
SCHOOL/DISTRICT:	_____		

Please indicate your rating of the student according to the following scale:
1 - Very Good 2 - Good 3 - Satisfactory or 4 - Poor

	1	2	3	4
1. PUNCTUALITY: Does the student consistently arrive on time and remain for the required time period each week? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. APPEARANCE: Does the student usually project a professional image consistent with the school environment? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. INTEREST/ENTHUSIASM: Does the student show an overall willingness to accomplish assigned tasks? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. DEPENDABILITY: Does the student usually complete assigned tasks in a timely manner? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. INITIATIVE: Is the student usually willing to do more than is asked for? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. COMMUNICATION SKILLS: Is the student able to communicate effectively: A. With you? B. With classroom students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. NUMBER OF OBSERVATION HOURS: _____
 8. ADDITIONAL COMMENTS: _____

NOTE: This form should be submitted 2 weeks prior to the end of the college semester.

COOPERATING TEACHER SIGNATURE

DATE

RETURN TO:
 Prof. Name: _____
 Education Department
 Caldwell College
 120 Bloomfield Avenue
 Caldwell, NJ 07006-6195
 (973) 618-3407