



## Attendance & Evaluation of Field Experience

School of Education  
Office of Certification and Field Experience

**Check Course #**

- ED331     ED351     ED332   
 ED340     ED360     ED333   
 ED348     ED380   
                                  ED460

SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_

**Please Print:**

**STUDENT:** \_\_\_\_\_ **PROFESSOR:** \_\_\_\_\_  
**COOPERATING TEACHER:** \_\_\_\_\_ **GRADE LEVEL:** \_\_\_\_\_  
**SCHOOL:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

**Attendance: (one form for each observation site)**

DATE	TIME IN	TIME OUT	HOURS COMPLETED	COOPERATING TEACHER SIGNATURE	DATE	TIME IN	TIME OUT	HOURS COMPLETED	COOPERATING TEACHER SIGNATURE

**TOTAL # OF HOURS COMPLETED:** \_\_\_\_\_

**Cooperating Teacher:**

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

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

ADDITIONAL COMMENTS (continue on back page if needed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COOPERATING TEACHER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTE: This form must be submitted to the course professor 2 weeks before the end of the university semester.**