

**School of Education**  
**Office of Certification and Field Experience**

**Please Print:** **SEMESTER:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**STUDENT:** \_\_\_\_\_ **PROFESSOR:** \_\_\_\_\_

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**COOPERATING TEACHER:** \_\_\_\_\_ **GRADE LEVEL:** \_\_\_\_\_

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**SCHOOL:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

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**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?				

**NUMBER OF OBSERVATION HOURS COMPLETED** \_\_\_\_\_

*An attendance sheet must accompany this evaluation indicating hours*

**ADDITIONAL COMMENTS** (continue on back page if needed)

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

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

**NOTE: Submit completed forms to your course professor at the end of the semester. Forms that are not completed will be returned.**



STUDENT FIELD EXPERIENCE  
ATTENDANCE SHEET

School of Education  
Office of Certification and Field Experience

COURSE # ED 510 \_\_\_\_\_  
SEMESTER: \_\_\_\_\_

**Please Print:**

STUDENT: \_\_\_\_\_ PROFESSOR: \_\_\_\_\_

*Complete information below. Attendance sheet is required for each school/district visited for this course.*

SCHOOL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

COOPERATING TEACHER’S NAME: \_\_\_\_\_

*Please indicate below with an asterisk \*the hours completed with IEPs or students with disabilities*

<u>DATE</u>	<u>TIME</u> in      out	<u>HOURS</u> <u>COMPLETED</u>	<u>COOPERATING TEACHER’S SIGNATURE</u>
	<b>TOTAL HOURS →</b>		

STUDENT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** Submit completed forms to your course professor at the end of the semester. Forms that are not completed will be returned.