COOPERATING TEACHER
Evaluation of Field Experience
(ED331-340-348-351-360-370-460)

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?	☐	☐	☐	☐
2. APPEARANCE:	Does the student usually project a professional image consistent with the school environment?	☐	☐	☐	☐
3. INTEREST/ ENTHUSIASM:	Does the student show an overall willingness to accomplish assigned tasks?	☐	☐	☐	☐
4. DEPENDABILITY:	Does the student usually complete assigned tasks in a timely manner?	☐	☐	☐	☐
5. INITIATIVE:	Is the student usually willing to do more than is asked for?	☐	☐	☐	☐
6. COMMUNICATION SKILLS:	Is the student able to communicate effectively: A. With you?	☐	☐	☐	☐
	B. With classroom students?	☐	☐	☐	☐

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
9 Ryerson Avenue
Caldwell, NJ 07006-6195
(973) 618-3407