Department of Education Lourdes University, Sylvania, Ohio EDU 100 Field Experience Assessment Form

Name of Student:
Name of Cooperating Teacher:
Name of School:
reacher Linaii Audress.
School Setting: Grade Subject
Attendance Verification: As the cooperating teacher, please verify that the
above named student did complete a full day of observation. Date of Observation:
Interview Verification: As the cooperating teacher, please verify that the above named student did conduct an interview on the assigned day by signing below. Date of Interview (if different from observation):
Cooperating Teacher Signature:
Assessment Comments: Please provide a brief assessment regarding each of the following: the student's overall behavior/professionalism, communication, dress, promptness and/or any additional comments pertaining to the student which would assist in assessing the student's performance regarding this experience.

^{**}This form MUST be completed and returned to gburrer@lourdes.edu, or the student will NOT receive credit for the observation!