

**HOFSTRA UNIVERSITY
SCHOOL OF EDUCATION AND ALLIED HUMAN SERVICES
OFFICE OF FIELD PLACEMENT
118 HAGEDORN HALL
(516) 463-5746**

**COOPERATING TEACHER'S EVALUATION
OF PARTICIPANT-OBSERVERS**

This is a legal document. Penalties will be imposed if any information is falsified or misrepresented by a Hofstra student. This form, along with the time sheet, is to be returned in a sealed envelope addressed to the course professor with the cooperating teacher's signature across the seal.

Name of Hofstra Student _____

Student Hofstra ID# _____

Course # _____

Professor _____

Please evaluate the student who did participation/observation in your classroom. On a scale of 1 (POOR) to 5 (SUPERIOR): (Circle N/A if you are unable to respond to a particular category.)

1. Attendance:
1 2 3 4 5 N/A

2. Relationship with students:
1 2 3 4 5 N/A

3: Relationship with you:
1 2 3 4 5 N/A

4: Interest and initiative
1 2 3 4 5 N/A

5: Reflectivity
1 2 3 4 5 N/A

6. Potential as a teacher
1 2 3 4 5 N/A

7. Comments:

Cooperating Teacher's Name _____ Subject/
Grade Level _____

Signature _____ Date: _____

District _____ School _____