Verification of Hours and Evaluation of Student Performance

College of Education

Part 1: To Be Filled Out By Student

Please fill out all of the information in Part 1 completely. Please PRINT clearly. When the cooperating teacher returns the form to you, please make a copy for your records and **turn the original in to your instructor immediately.** You will not receive a grade for the course until this form has been completed and turned in.

Student Name: _____

Course Number and Section: _____ Instructor: _____

Semester and Year: ☐ Fall 20__ ☐ Spring 20__ ☐ Summer 20__

Home Campus: ☐ Chicago ☐ Schaumburg

Student's Program Area: ☐ ECHD ☐ ELED ☐ SEED ☐ SPED ☐ MUSIC ☐ CHS

School/Observation Site: _____

County and District Number: _____ Phone Number: ( ) _____

Address: _____ City: _____ Zip Code: _____

Cooperating Teacher or School Counselor, First and Last Name: _____

Grade and Subject Area: _____

Part 2: To Be Filled Out By Cooperating Teacher

Please fill out this form as thoroughly as possible, providing as much information as you can. Information on this form is used to evaluate the student's work in this course and becomes part of the student's certification file. Please fill out this form as soon as the student's observation is complete and return it to the course instructor either by giving it directly to the student or in the envelope supplied. **The student will not receive a course grade until the student's course instructor has received this completed form.**

The student was involved in the following ways (please check as many as appropriate):

- ☐ Observed the class
- ☐ Assisted with classroom management
- ☐ Designed a lesson
- ☐ Other (specify): _____
- ☐ Worked with small groups
- ☐ Tutored individual students
- ☐ Taught entire class

Setting (SPED only)

- ☐ Alternative
- ☐ Self-contained
- ☐ Resource
- ☐ Inclusion

For all courses except SPED 319/419, please rate the student's performance in the following areas from low (1) to high (5). Indicate those areas not applicable to this observation:

	1 low	2	3	4	5 high	N/A
Relates well to pupils	☐	☐	☐	☐	☐	☐
Cooperates and accepts supervision	☐	☐	☐	☐	☐	☐
Provides stimulating lessons	☐	☐	☐	☐	☐	☐
Familiar with subject matter	☐	☐	☐	☐	☐	☐
Gives directions well	☐	☐	☐	☐	☐	☐
Communicates effectively	☐	☐	☐	☐	☐	☐
Uses available resources	☐	☐	☐	☐	☐	☐
Adapts well to circumstances/flexible	☐	☐	☐	☐	☐	☐
Takes initiative appropriately	☐	☐	☐	☐	☐	☐
Manages classroom competently	☐	☐	☐	☐	☐	☐

(Please see reverse side.)

Part 3: To Be Filled Out by Student and Initialed by Cooperating Teacher

In the space below, please record the date and time of each observation.

Date	Time In	Time Out	Total Hours	Initial
Please enter total number of hours completed here:				

Date	Time In	Time Out	Total Hours	Initial
Please enter total number of hours completed here:				

Part 4: Comments from Cooperating Teacher (optional)

_____

_____

_____

_____

Cooperating Teachers/Counselors should retain a photocopy of this form as a verification for their CPDU credit.

I certify that the student above has spent _____ hours in my classroom as an observer. She/he was here for approximately _____ days and for approximately _____ hours per day.

Cooperating Teacher/Counselor Signature: _____ **Date:** _____

Roosevelt Instructor Signature: _____ **Date:** _____

Office of Student Resources

Chicago Campus 430 S. Michigan Ave., Chicago, IL 60605-1394 (312) 853-4751

Schaumburg Campus 1400 N. Roosevelt Blvd., Schaumburg, IL 60173-4348 (847) 619-8656

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