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

Name of Student: _____
Name of Cooperating Teacher: _____
Name of School: _____
Teacher Email Address: _____
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 the student's behavior/professionalism or any additional comments pertaining to the student which would assist in assessing the student's performance regarding this experience.

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This form MUST be completed and returned in the pre-stamped envelope provided, or the student will NOT receive credit for the observation!