Education Placement Office
Cooperating Teacher Reaction Form

Student Name ___________________________ Student ID# ___________________________

Course Instructor ______________________ Education Course __________ Term # _______

Placement School ____________________________

Cooperating Teacher’s Name ____________________________

Cooperating Teacher’s Email Address ____________________________

(Students must provide the Cooperating Teacher’s email address or they will be asked to resubmit this form. All logged hours AND signatures will be verified by cooperating teachers via email after forms are submitted to the TEP office).

Log the date and time of each field experience. The cooperating teacher’s initials are required after each field experience to verify attendance

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time out</th>
<th>Hours</th>
<th>Student’s Initials</th>
<th>Cooperating Teacher’s Initials</th>
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Total Hours: ____________________________

Please rate the student in each of the areas below by placing an “X” next to the appropriate level.

**Attendance & Punctuality**

Excellent (perfect attendance & punctuality) ____________________________

Average (tardy/absent with prior notification) ____________________________

Poor (any tardy or absence w/o notification) ____________________________

**Professionalism**

Excellent (very professional behavior/attire) ____________________________

Average (professional behavior/attire) ____________________________

Poor (unprofessional behavior/attire) ____________________________

**Initiative & Enthusiasm**

Excellent (always takes initiative and is very enthusiastic) ____________________________

Average (takes initiative and is enthusiastic) ____________________________

Poor (takes no initiative and unenthusiastic) ____________________________

**Ability to connect with students**

Excellent (very approachable/friendly demeanor) ____________________________

Average (approachable/friendly demeanor) ____________________________

Poor (unapproachable/unfriendly demeanor) ____________________________

Comments

______________________________________________________________________________

______________________________________________________________________________

Cooperating Teacher’s Signature ____________________________

***All completed field experience forms must be scanned and emailed to Tommy Taylor at ttaylor2@broward.edu or dropped off to the TEP office located on South Campus***

**Faxed copies are no longer accepted**