



**Education Placement Office
Early Field Experience
Log and Cooperating Teacher Reaction Form**

Student's Name _____ Student's ID# _____
 EDF Instructor _____ EDF course _____ Term # _____
 Placement School _____
 Cooperating Teacher's Name _____
 Cooperating Teacher's Email Address _____

Log in the date and time of each field experience and have the cooperating teacher initial after each field experience to verify attendance. Also, have the cooperating teacher complete the reaction form below. Provide this form to the Coordinator Clinical Education and Field Placement when the hours are completed. **Remember to use blue ink.**

LOG

Date	Time In	Time out	Hours	Student's Initials	Cooperating Teacher's Initials

COOPERATING TEACHER REACTION FORM

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

Attendance & Punctuality

Professionalism

<i>Excellent</i>		<i>Excellent</i>	
<i>Average</i>		<i>Average</i>	
<i>Poor</i>		<i>Poor</i>	

Initiative & Enthusiasm

Ability to connect with students

<i>Excellent</i>		<i>Excellent</i>	
<i>Average</i>		<i>Average</i>	
<i>Poor</i>		<i>Poor</i>	

Comments

Cooperating Teacher's Signature _____