

Appendix E – Practicum Placement Log

Practicum Placement Log

Student Name: _____ Badge Expiration Date: _____

Course Instructor: _____ Education Course: _____ Term: _____

Placement School: _____

Cooperating Teacher’s Name: _____

Cooperating Teacher’s Email Address: _____

(All logged hours AND signatures will be verified by Cooperating Teachers and the TEP office).

Log the date and time of each field experience. The Cooperating Teacher’s signature is **required after each visit**.

Week Of	Date	Time In	Time out	Hours	Student’s Initials	Cooperating Teacher’s Signature

Cooperating Teacher: Please rate the student in the areas below by placing an “X” next to the appropriate level.

<i>COOPERATING TEACHER EVALUATION</i>				
	Not met	Met	Exceeds	Comments
Shows Initiative and Enthusiasm				
Attendance and Punctuality				
Professional Attire and Behavior				

Comments:

Cooperating Teacher’s Signature: _____ (to be signed on the final visit) Date: _____

Student Teacher Signature: _____ Date: _____

Students: Please indicate ALL placements for the current term.

Term	Course Requiring Field Experience	Professor	Number of Required Hours	School Placement	Cooperating Teacher

Practicum hours cannot be completed on Early Release or Teacher Planning days.

Each field work visit must be completed during regular teacher work hours.

All **TEP students** must submit this form in LiveText
