

Verification Of Hours And Evaluation of Student Performance

Part 1: Student, Course and Placement Site Information: To Be Filled Out By Student
Please PRINT clearly and provide all requested information. At the end of your observation the Cooperating
Teacher should sign this form and return it to you. Upload the form into Taskstream and give the original to
your instructor. You will not receive a grade until this form has been received by your instructor.

| Student name | Semester/Year | | Home Campus | | npus |
|--|---------------|---------------------------------------|-------------|---------|------------|
| | Fall 20 | Spr 20 | Sum 20 | Chicago | Schaumburg |
| Program/Major | | | | | |
| ECHD ELED SEED | SPED | MUSIC_ | CHS | | |
| Course Name/number: | | Instructor: | | | |
| | | | | | |
| School/Observation Site Name Dis | | District name /number (if applicable) | | | |
| | | | | | |
| Site address | | City | | | Zip Code |
| | | | | | |
| Cooperating Teacher or School Counselor Name | | | Grade | Subject | |
| | | | | | |
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Part 2: Verification of Hours: 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 | CT Initials |
|------|---------|----------|-------------|----------------|
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| Date | Time in | Time out | Total Hours | CT Initials | |
|------|---------|----------|-------------|----------------|--|
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Chicago Campus 430 S. Michigan Ave. Chicago, IL 60605 312-853-4751 Online http://www.roosevelt.edu/ruonline

Schaumburg Campus 1400 Roosevelt Blvd. Schaumburg, IL 60173 847-619-8656



Verification Of Hours And Evaluation of Student Performance

Part 3: Evaluation of Student Performance: To Be Filled Out By Cooperating Teacher
Please complete this form as thoroughly as possible when the student's observation is complete and return it to the student. This information on is used to evaluate the student's work in this course and becomes part of the student's certification file. The student will not receive a grade until the instructor has received this form.

| A. <u>Level of Student Involvement</u> (indic | ate setting for Special Educ | ation classes on | ıly) | | | |
|---|------------------------------|------------------|------------|--|------|--|
| . Level of Student Involvement (indicate setting for Special Education classes on he student was involved as follows (please check as many as applicable): Observed the class Assisted with classroom management Designed a lesson Other Specify): | | | | Setting (for SPED only) Alternative Self-contained Resource Inclusion | | |
| B. Rating of Student Performance Please rate the student's performar those areas not applicable to this of | | from low (1) to | o high (5) |), indicatir | ng | |
| | 1 low | 2 3 | 4 | 5 high | N/A | |
| Relates well to pupils Cooperate and accept supervision Provides stimulating lesson (s) Familiar with subject matter Gives directions well Communicates effectively Uses available resources Adapts well to circumstances/flexible Takes initiative appropriately Manages classroom competently C. Comments from Cooperating Teach | ner (optional) | | | | | |
| | | | | | | |
| D. <u>Signatures of Cooperating Teacher,</u> Cooperating Teachers/Counselors shou | | | on for CP | DU credit. | | |
| I certify that | | | | | | |
| as an observer. S/he was here for approxima | tely days and for a | pproximately | | hours per | day. | |
| Cooperating Teacher/Counselor: | | | Dat | e: | | |
| Roosevelt Instructor: | | | Dat | e: | | |
| Chicago Campus | Onlina | | Coho | uumhura Camr | | |

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