

**UNIVERSITY OF CENTRAL ARKANSAS**  
*Transition to Teaching*  
**OBSERVATION HOURS**  
**ATTENDANCE AND EVALUATION FORM**

UCA Candidate: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Cooperating Classroom Teacher or Location Supervisor: \_\_\_\_\_ Grade/Age/Subject: \_\_\_\_\_  
 School Placement or Location: \_\_\_\_\_ District/City: \_\_\_\_\_  
 Date of Cleared Background Check: \_\_\_\_\_

Date	Time In	Time Out	Teacher/ Location Supervisor Signature

**\*Directions for Evaluation:**

Evaluations and comments are **CONFIDENTIAL** and this form will be placed in the individual TTT applicant’s file. The UCA candidate will not have access to this evaluation form until the following semester.

After the form is complete, it should be placed in a sealed envelope (provided by the UCA candidate). The cooperating teacher must sign his/her name across the seal on the back of the envelope and return it to the UCA candidate. The UCA candidate must return the sealed envelope to the Office of Field Experience (Mashburn 121).

**The Following Is To Be Completed by The Cooperating Teacher Only**

Attendance _____ did not miss a scheduled visit _____ missed one scheduled visit _____ missed several scheduled visits	Punctuality _____ never late _____ late once or twice _____ habitually late
Appearance _____ professional _____ satisfactory _____ needs improvement	Language Skills _____ professional _____ satisfactory _____ needs improvement
Attitude _____ enthusiastic _____ satisfactory _____ needs improvement	Organization _____ came with attendance form each visit _____ came without attendance form once _____ came without attendance form several times

*\*Note: See your instructor for submission requirements if not being evaluated.*

Teacher’s Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Director of Field Experience’s Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Please put any additional comments on the back of this form.