**UTAH TECH UNIVERSITY**

University Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Observation Date: \_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade or Content: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Teacher,

Thank you for allowing our Utah Tech University education students to observe a *day in the life of a teacher* today. Please fill out this short evaluation to assess his/her performance and return this form to student at the end of the day.

Thank you.

1. Did the observing student provide the following:
	1. Letter of Introduction ( ) Yes ( ) No
	2. Observation Form ( ) Yes ( ) No
2. Did the observing student complete the full day? ( ) Yes ( ) No
3. Was the observing student professional in appearance and behavior?

( ) Yes ( ) No

1. Did the observing student follow your directions? ( ) Yes ( ) No
2. How would you rate the overall impression of the student?

Positive ( )

Neutral ( )

Negative ( )

 Please provide any additional relevant comments:

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_