# SELF ASSESSMENT OF FORMAL LESSON PLANS

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| **Name of Student-**  | **Semester/Year -**  |
| **Type of Formal Lesson - Regular \_\_\_\_\_ Integrated Technology \_\_\_\_\_** |
| **Placement 1 \_\_\_\_ Placement 2 \_\_\_\_\_ (** |
| **Formal Lesson Number 1\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_\_ 5\_\_\_\_\_ 6\_\_\_\_\_\_ Other\_\_\_\_** |
| **Date of Lesson:** | **Time Span/Period:** |
| **Grade Level(s):** | **Lesson Videotaped? Yes\_\_\_\_\_ No\_\_\_\_\_\_** |
| **Number of Students:** | **Other Pertinent Information:** |
| **Lesson (subject/skill/concept):** |
| **Specific: objective of the lesson:** |
| 1. **What was done? (Type of lesson and procedure used)?**
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| 1. **What were the challenges? Why did they occur?**
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| 1. **What worked? Why did it work?**
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| 1. **What questions do I have about the lesson (planning instructions, etc.)?**
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| 1. **What did I learn about the instructional strategy used? …about teaching this content? …about the students? (Please answer each.)**
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| 1. **What concerns do I have about teaching this content/grade/learners/etc.?**
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| ***Summary: What do you think or feel about your teaching performance thus far?*** |

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| **(SUPERVISOR SIGNS OFF AFTER REVIEW/FEEDBACK SESSION)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Student Teacher’s Signature Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Cooperating Teacher’s Signature Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **University Supervisor’s Signature Date** |