# 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)?** | |
| 1. **What were the challenges? Why did they occur?** | |
| 1. **What worked? Why did it work?** | |
| 1. **What questions do I have about the lesson (planning instructions, etc.)?** | |
| 1. **What did I learn about the instructional strategy used? …about teaching this content? …about the students? (Please answer each.)** | |
| 1. **What concerns do I have about teaching this content/grade/learners/etc.?** | |
| ***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** |