

SELF ASSESSMENT OF FORMAL LESSON PLANS

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)?	
2. What were the challenges? Why did they occur?	
3. What worked? Why did it work?	
4. What questions do I have about the lesson (planning instructions, etc.)?	
5. What did I learn about the instructional strategy used? About teaching this content? About the students? (Please answer each.)	
6. What concerns do I have about teaching this content/grade/learners/etc.?	
<i>Summary: What do you think or feel about your teaching performance thus far?</i>	
(SUPERVISOR SIGNS OFF AFTER REVIEW/FEEDBACK SESSION)	
 Student Teacher's Signature	 Date
 Cooperating Teacher's Signature	 Date
 University Supervisor's Signature	 Date