

COLLEGE OF EDUCATION, WARRI



NCE PROGRAMME: TEACHING PRACTICE EVALUATION FORM FOR HEAD OF SCHOOL

Name of TP School:.....

Name of TP Student:.....

Subject Taught:.....

Matric. No:.....Subject Combination:.....

Class(es) Taught:.....

Date Student Teacher Reported at School:.....

Date Student Teacher completed TP at School:.....

| S/N | DESCRIPTION | GRADES |
|-----|---|------------|
| 1. | Student Teacher is punctual and regular at school | 2 4 6 8 10 |
| 2. | Student Teacher is punctual and regular in class | 2 4 6 8 10 |
| 3. | Student Teacher writes Lesson Plan and Lesson Notes | 2 4 6 8 10 |
| 4. | Prepares and uses Instructional Materials | 2 4 6 8 10 |
| 5. | Delivers his/her lessons effectively and professionally | 2 4 6 8 10 |
| 6. | Covered enough scheme of work during the TP | 2 4 6 8 10 |
| 7. | Participates actively in other school programmes | 2 4 6 8 10 |
| 8. | Relates positively with pupils/students | 2 4 6 8 10 |
| 9. | Relates positively with staff and school authority | 2 4 6 8 10 |
| 10. | Takes additional responsibility | 2 4 6 8 10 |

*Please circle as appropriate

Total Score.....Grade.....

Comments by Head of School.....

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Name of Head of School

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Sign, date and official stamp