



**DELTA STATE UNIVERSITY ABRAKA**  
**In affiliation with**  
**COLLEGE OF EDUCATION WARRI**



**BEd. PROGRAMME: TEACHING PRACTICE EVALUATION FORM FOR HEAD OF SCHOOL**

Name of TP School:.....

Name of TP Student:.....

Subject Taught:.....

Matric. No:.....Subject Area.....:

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

Sign/date and official stamp