



TEACHERS REGISTRATION COUNCIL OF NIGERIA

In affiliation with

COLLEGE OF EDUCATION, WARRI

PROFESSIONAL DIPLOMA IN EDUCATION PROGRAMME: TEACHING PRACTICE ASSESSMENT FORM



Name of Student:.....

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

Type of Studentship: Regular / Weekend

Name of TP School:.....

Subject Taught:.....

Class(es) Taught:.....

INSTRUCTION TO SUPERVISORS: Circle the appropriate score you award for each lesson feature

S/N	DESCRIPTION	GRADES
1.	LESSON PREPARATION a) Lesson notes / plan neatly written and comprehensive b) Clear objectives correctly written out	1 2 3 4 5 1 2 3 4 5
2.	OPENING PROCEDURE a) Lesson well started with good method b) All students made part of lesson	1 2 3 4 5 1 2 3 4 5
3.	DEVELOPMENT OF THE LESSON a) Presentation related to students' experience b) Students made part of presentation through discussion	1 2 3 4 5 1 2 3 4 5
4.	KNOWLEDGE OF SUBJECT MATTER a) Teacher shows sufficient knowledge of content of subject b) Teacher takes cognisance of the level of the learners	1 2 3 4 5 1 2 3 4 5
5.	COMMUNICATION a) Teacher speaks correctly and uses appropriate words b) Teacher has appropriate voice level; reaches all students	1 2 3 4 5 1 2 3 4 5
6.	TEACHING TECHNIQUES AND INSTRUCTIONAL MATERIALS a) Enough teaching / learning aids provided by teacher b) Appropriate chalkboard writing and illustrations	1 2 3 4 5 1 2 3 4 5
7.	TEACHER'S PERSONALITY a) Teacher is well dressed and avoids distracting mannerisms b) Teacher shows pleasantness and is active	1 2 3 4 5 1 2 3 4 5
8.	TEACHER / PUPIL INTERACTION a) Teacher uses appropriate techniques to involve students in lessons b) Questioning style of teacher is effective and valid	1 2 3 4 5 1 2 3 4 5
9.	CLASSROOM ATMOSPHERE a) Teacher controls class effectively from the beginning of lesson b) Teacher has ability to sustain the interest of class in the lesson	1 2 3 4 5 1 2 3 4 5
10.	ASSIGNMENT a) Teacher gives a valid assignment to class b) Teacher checks previous assignments students carried out	1 2 3 4 5 1 2 3 4 5

Total Score:.....

Name of Supervisor:.....

Signature and Date of Supervisor:Session

Signature of Student and date Mat No.