



Student's Name

I.D. Number

Subject

Year Group

School

Course

Teaching Practice Visits

Visit	Date	Duration – Lesson and Meeting	Examiner's Name	Signature
1				
2				
3				
4				
5				
6				

Teaching Practice File Assessment

Pass

Fail

Examiner	Signature

Date

Student's Name

Lesson Title/Topic

Teaching Practice – The Lesson

The Examiner is to comment on strengths, areas for further improvement, and offer specific suggestions about preparation and performance

Area with horizontal dotted lines for writing.

Date

Visited by

Examiner's
Signature

Student's Name

The Teaching Practice File

A: Schemes of Work

Not observed

B: Lesson Plans

Not observed

C: Resources / Worksheets / Handouts

Not observed

D: Assessment

Not observed

Teaching Practice I

◆ Attendance Sheet ◆

Student's Name

I.D. Number

Date

Head's Signature

Day 1	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	
Day 8	
Day 9	
Day 10	
Day 11	
Day 12	
Day 13	
Day 14	
Day 15	
Day 16	
Day 17	
Day 18	

Date

Head's Signature

Day 19	
Day 20	
Day 21	
Day 22	
Day 23	
Day 24	
Day 25	
Day 26	
Day 27	
Day 28	
Day 29	
Day 30	
Day 31	
Day 32	
Day 33	
Day 34	
Day 35	
Day 36	

Attach any medical certificates to this sheet

Teaching Practice I ♦ Timetable

Student's Name	Year Group
Head of School	Subject/s Taught
School	Personal Telephone No.
Examiners	Classes Taught

Time ▶								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Show time for lessons by subject, form, class and room.

Send one copy of your timetable to each of your examiners and a copy to the Office of Professional Practice

Attach school calendar and highlight the activities and field trips that will take place during your Teaching Practice

