



Pre-Service Teacher: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**IMPLEMENTATION**

(e.g., FLOW OF THE LESSON, QUESTIONING, FACILITATING DISCUSSION, LISTENING, ANSWERING, TIMING OF COMPONENTS)


**CLASSROOM ORGANIZATION & MANAGEMENT**

(e.g., MANAGING STUDENT ENGAGEMENT, CONTROL OF CLASS VOLUME, OBSERVING & SUPPORTING STUDENT NEEDS, DEALING WITH BEHAVIOURAL SITUATIONS)


**OTHER INFORMATION** (e.g., ASSOCIATE TEACHER REMARKS, PROFESSIONAL INTER-PERSONAL COMMUNICATION SKILLS, HANDLING FEEDBACK, EVIDENCE OF "EXTRA" EFFORTS BEYOND CLASSROOM TEACHING DUTIES)




PRE-SERVICE TEACHER SIGNATURE



FACULTY SIGNATURE