EVALUATION OF TEACHING EXPERIENCE

Subject_____________________________ Name of Student__________________________

Topic of Lesson________________________ Date of Experience __________________________

Instructions: Fill out this evaluation to the best of your ability within 24 hours after the teaching experience. Attach this evaluation to your lesson plan and turn it in to your cooperating teacher. Show your ability to be a REFLECTIVE and CRITICAL THINKER!

A. Did I accomplish what I had intended to? Why or why not? What evidence do I have to support my conclusion?

B. What went well?

C. What didn’t go well and why? What might I do differently next time?

D. What effect has this experience had on me?