PINE GROVE COLLEGE OF EDUCATION

Practice teaching feedback proforma

BLANK FORM | Not a record of responses collected

Academic session: _____ Date: _____
Name (optional): _____
Programme / role: _____
Practice school / subject / class: _____
Respondent: student teacher / mentor / school teacher

Rate each item from 1 to 5: 1 Poor, 2 Fair, 3 Satisfactory, 4 Good, 5 Excellent. Use N/A if you cannot assess it.

Feedback item	Rating / N/A
1. Preparation and lesson planning	
2. Clarity of learning objectives	
3. Subject knowledge and explanation	
4. Suitability of teaching aids and ICT	
5. Classroom management and inclusion	
6. Learner participation	
7. Assessment of learner understanding	
8. Reflection and response to mentoring	

What worked well?

What should improve?

Submit the completed form to the college office. Personal identification is optional.