

GVM's Dr. Dada Vaidya College of Education

Observation schedule for school teacher

Feedback of Staff of Practice teaching School

Name of the student-teacher: _____ Roll No. _____

Subject: _____ Std: _____ Date: _____

Topic: _____

Sr. No.		Excellent	V.Good	Good	Average	Unsatisfactory
1	Introduction of the lesson					
2	Content Knowledge					
3	Language competency					
4	Classroom management					
5	Time management					
6	Teaching aids/resources used					
7	Interaction with students					
8	Audibility					
9	Chalk board work					
10	Organization of the lesson					
11	Preparation for the lesson					
12	Innovativeness					
13	Methodology					
14	Overall impact of the lesson					

General comments:

Suggestion:

Name of the school teacher: _____ Signature: _____

Name of the school: _____