



THE METHODIST CHURCH GHANA

KOMENDA COLLEGE OF EDUCATION

TEACHING PRACTICE/SUPPORTED TEACHING IN SCHOOLS UNIT

P. O. Box CK 5 || <https://komendacollege.edu.gh/>



CONFIDENTIAL REPORT ON STUDENT TEACHERS' STS

NAME OF STUDENT TEACHER:

INDEX: PROGRAMME.....

NAME OF PARTNER SCHOOL:.....

DISTRICT IN WHICH SCHOOL IS LOCATED:.....

CIRCUIT:.....

NAME OF LEAD MENTOR:.....TEL. NO:.....

NAME OF MENTOR:.....

CLASS OBSERVED BY STUDENT TEACHER.....

SCHOOL TERM:.....

OBSERVATION PERIOD: FROM.....TO.....

MENTOR'S COMMENTS (Classroom or Subject Teacher)

The School's Environment/School Profile. (Please list some of the facilities in the school that you saw mentee interact with during the observation.....

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Classroom Observation: (Please indicate 'Yes' or 'No' if mentee interacted with the following materials during the observation):

(a) Sample Scheme of Work. Yes [] No []

(b) Sample Lesson Plan. Yes [] No []

(c) T/L/Rs Observed. Yes [] No []

What was trainee's interaction with the pupils? Please give comment(s).....

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Trainee's Attitude Towards Work.....

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Trainee's Participation in Co-Curricular Activities (Morning assembly, worship, etc.)

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Area(s) of Trainee's Interest

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Trainee's Conduct during Observation. (Please Specify any Act of Good or Bad Conduct)

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LEAD MENTOR'S COMMENTS (Head Teacher)

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NAME OF HEAD TEACHER.....

SIGNATURE AND SCHOOL STAMP.....

NB// Please in case of any difficulty in filling this report, contact (0244784114 or 0209299492)