

The Children's Reflexology Programme

MICRO TEACH ASSESSMENT

Use this form to self-assess your own micro teach session and to provide feedback to your peers on their sessions. You may remain anonymous when assessing your peers if you wish.

Date	DD/MM/YY Location
Your name	(or blank if anonymous)
Micro teacher	or tick if self-assessment:
Strengths	
Areas for impro	ovement
Suggested actions for improvement	
	16.

