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| **Lesson Plan Feedback Sheet** | |
| **Student Teacher Name:**  **BWY Number:**  **Date:** | |
| **Assignment No and Title:** F2 & F3 Micro Teaching of Basic Breathing & Guided Relaxation | |
| **Assessment Areas** | **Tutor’s Comments:**  **(Tutors need not comment on all criteria)** |
| Aims |  |
| Learning outcomes |  |
| Level of experience |  |
| Resources |  |
| Assessment strategy |  |
| Evaluation strategy |  |
| Bibliography |  |
| Timings |  |
| Outline of content |  |
| Staged approach |  |
| Benefits/rationale |  |
| Cautions (if relevant) |  |
| Modifications |  |
| **Assessor general comments/development points:**  **Assessor Name Date** | |
| **Student Teacher confirmation of receipt:**  **Name Date** | |