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| **Micro Teaching Practice 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:****(Not all criteria are relevant to teaching practice)** |
| Risk assessment |  |
| Environmental adjustments |  |
| Health checks |  |
| Starting the session |  |
| Settling students |  |
| Eye contact with students |  |
| Voice clear and easily heard |  |
| Clarity of explanation |  |
| Cautions, vulnerable areas |  |
| Reminders of cautions |  |
| Benefits/rationale |  |
| Accurate demonstrations |  |
| Teaching resources or props  |  |
| Sanskrit name and meaning |  |
| Evidence of research |  |
| Preparation |  |
| Time with natural breath |  |
| Integration of breath |  |
| Staged approach, modifications if necessary |  |
| Mirror image if facing students |  |
| Clarity of instructions  |  |
| Relevant language for teaching |  |
| Teaching points |  |
| Observation |  |
| Check learner understanding |  |
| Move among students |  |
| Pacing |  |
| Manner |  |
| Suitable position, modifications |  |
| Guided relaxation |  |
| Time in final stillness |  |
| Gradual return |  |
| Positive, supportive, encouraging language |  |
| Use of lesson plan (time checks) |  |
| Time in final stage |  |
| Possible physical counterpose  |  |
| Use of full time, closing lesson |  |
| Finishing on time |  |
| Preparation for leading feedback session |  |
| Management of feedback session |  |
| **Assessor general comments/development points:****Assessor Name: Date:** |
| **Student Teacher confirmation of receipt:****Name: Date:** |
| **Student Teacher to complete Post Lesson Reflective Evaluation (PLRE) and return to DCT** |