**Self-evaluation**

Microteaching/teaching practice delivery

**Name:**

**Date of microteach: Duration:**

**Taking into account the following criteria and feedback from your tutors and peers, please evaluate your delivery in terms of strengths and areas for development, and identify any actions you will take to improve delivery of this session in the future:**

* **Did your lesson go according to your lesson plan? (3.1)**
* **Did your teaching & learning approaches, resources and assessment methods meet the needs of your learners? (4.1)**
* **How well did you communicate with your learners (4.2)**
* **Did you provide constructive feedback to your learners (4.3)**

|  |
| --- |
| **Strengths:** |

|  |
| --- |
| **Areas for development:** |

|  |
| --- |
| **Actions required to improve the same session for the future:** |

**Learner signature: Date:**