



BED 150 Professional Experience Evaluation Form – Primary
(Pre-service teachers it is your responsibility to scan and upload this form to SONIA upon Professional Experience completion)

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|----------------------------|
| Pre-service Teacher: _____ |
| Mentor Teacher: _____ |
| School: _____ |
| Year/Subject Area: _____ |

| | |
|---|--|
| <p>A. Attendance Comments:</p> | <p>B. Professionalism Comments:</p> |
|---|--|



| | |
|--|--|
| <p>Suitability/Potential for Teaching</p> | |
| <p>Comment:</p> | |
| <p>Pass/Fail</p> | |



| | |
|---|--|
| <p>C. Completion of Class Lesson Comments:</p> | <p>D. Ability to relate to Students & Staff Comments:</p> |
|---|--|

E. Additional comments on pre-service teacher’s literacy/and or numeracy levels:

Mentor Teacher: _____ Date: _____



MURDOCH
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Lesson Critique Form

Pre-service teacher: _____

Date: _____

Subject: _____

Year Level: _____

Mentor Teacher: _____

COMMENDATIONS:

RECOMMENDATIONS:

OVERALL IMPRESSIONS:

SIGNATURE: _____

