

SRE TEACHER SELF EVALUATION/REFLECTION FORM

Teacher reflection is an important part of professional development for SRE teachers. It helps you to critical review your teaching: celebrate the positives and work on diminishing the negatives.

| Please reflect on the following | Good/ Satisfactory/ Poor* | *If Poor please include in comments below | Good/ Satisfactory/ Poor* |
|--|---------------------------------|---|---------------------------------|
| I prepared well using an approved curriculum | | I paced the lesson well | |
| I adapted the lesson plan to suit my class | | I managed behaviour well | |
| The lesson started well | | I gave students an opportunity to share their ideas & ask questions | |
| I had visual aids/multimedia prepared | | I worked at developing good relationships with the students | |
| My instructions were clear and easy to follow | | l explained the Bible clearly | |
| The students were engaged during the lesson | | My language was appropriate for the class | |
| I gain the attention of the students effectively | | The lesson finished well | |

| Please reflect on the following | Good/ Satisfactory/ Poor* | *If Poor please include in comments below | Good/ Satisfactory/ Poor* |
|---|---------------------------------|---|---------------------------------|
| I wore my name bade/authorisation card | | I left the classroom as I found it | |
| I followed the school's sign in procedures | | I know the school emergencies procedures | |
| I had respectful interactions with school staff | | | |

Things that went well

Things that need improvement

youthworks SRE Office

| Reflect on the moments of the lesson you were concerned about | | | | |
|---|--|--|--|--|
| Describe what was happening: What was I doing? What were the students doing? Why was I concerned? | What could I do differently next time? | | | |
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Further Support or Training

In what areas do you need/would you like further support/training?

| SRE Teacher's Name: | Date of Reflection: | | | |
|---|---------------------|--|--|--|
| School: | Class/Curriculum: | | | |
| Rector or SRE Coordinator's Signature: | Date Received: | | | |
| Support or Training Provided | | | | |
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