Field Experience Lesson
Student's Self-Critique

Student's Name: _____ Course: _____

Date Lesson Taught: _____ Classroom: _____

Supervised by: _____

Type of Lesson/Activity: _____

Objective(s):
_____

Rate lesson/activity components using the following scale (1 being low; 5 being high):

Introduction:	1	2	3	4	5
Lesson Flow:	1	2	3	4	5
Appropriate level of content:	1	2	3	4	5
Explanation of procedures: (if applicable)	1	2	3	4	5
Lesson Closure:	1	2	3	4	5
Materials organized:	1	2	3	4	5
Group management:	1	2	3	4	5

Strength:

Areas for Improvement: