

Tribhuvan University
Faculty of Education
Office of the Dean
Co-operating Institution Supervisor Form

Co-operating Institution:

Campus: _____ **Level: M.Ed.** _____ **Specializations: Ed.542** _____ **Academic Year:** _____

S.N.	Symbol No.	Name of the Student	School Performance		Total	Remarks
			Subjects Teacher	Head Teacher		
			5	5	10	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Signature:

Co-operating Institution:

Date:

Tribhuvan University
 Faculty of Education
Office of the Dean
Micro Teaching Evaluation Form

Campus: _____ **Level: M.Ed.** **Specializations: Ed.542** **Academic Year:** _____

S.N.	Symbol No.	Name of the Student	Report of observation of school /campus Teacher teaching activities						
			Lesson Plan	Teaching Aids	Knowledge of subject matter	Teaching strategies	Classroom management assessment	Total	
			1	1	1	1	1	5	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Signature:
 Internal Supervisor's Name:
 Date:

Tribhuvan University
Faculty of Education
Office of the Dean

External Examiner's Evaluation Form

Campus: _____ **Level: M.Ed.** **Specializations: Ed.542** **Academic Year:** _____

S.N.	Symbol No.	Name of the Student	School observation and Teaching activities	Lesson Plan	Construction of instructional materials	Teaching performance in school/campus (15)				Peer Observation Report	Test construction, administration, analysis and interpretation	Overall Report of Teaching Practice	Total
						Knowledge of subject matter	Teaching strategies	Communication skills	classroom management assessment				
1			5	5	3	5	4	3	3	2	5	5	40
2													
3													
4													
5													
6													
7													
8													
9													
10													

External Examiner's Name:
Campus:

Signature:
Date:
Mobile No.

Tribhuvan University
Faculty of Education
Office of the Dean
Final Internal Evaluation Form

Campus: _____ Level: M.Ed. Specializations: Ed.542 Academic Year: _____

S.N.	Symbol No.	Name of the Student	Co-operating Institution marks		Report of observation of School /Campus Teachers' Teaching Activities	Lesson Plan	Construction of Instructional Materials	Micro teaching practice	Peer Teaching Practice	Teaching Performance in School /campus	Peer observation and its report	Test construction analysis and administration interpretation	Overall Report	Total
			Subject teacher	Head Teacher										
			5	5										
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

Head
Teaching Practice :

Signature:
Internal Supervisor's Name:
Date:
Mobile No.

Tribhuvan University
Faculty of Education
Office of the Dean
Students' Attendance Form

Campus: _____ **Level: M.Ed.** **Specializations: Ed.542** **Academic Year:** _____

S.N.	Symbol No.	Name of the Student	Co-operating Institutions	Teaching Subject	Class	Lesson plan	Test item construction		Construction of instructional materials	Peer Observation	Overall Report	Examination Date	Sign	Remarks
							Sub.	Obj.						
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

Signature:
Internal Supervisor's Name:
Campus:
Date:

Signature:
External Examiner's Name:
Campus:
Date:
Mobile No.

Tribhuvan University
Faculty of Education
Office of the Dean
Peer Teaching Evaluation Form

Campus: _____ **Level: M.Ed.** **Specializations: Ed.542** **Academic Year:** _____

S.N.	Symbol No.	Name of the Student	Report of observation of School /campus Teacher teaching activities					
			Lesson Plan	Teaching Aids	Knowledge of subject matter	Teaching strategies	Classroom management assessment	Total
			1	1	1	1	1	5
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Signature:
Internal Supervisor's Name:
Date:

Tribhuvan University
 Faculty of Education
Office of the Dean
Final Evaluation Form

Campus: _____ **Level: M.Ed.** **Specializations: Ed.542** **Academic Year:** _____

S.N.	Symbol No.	Name of the Student	Name of Co-operating Institution	Internal Marks	External Marks	Total	Marks in Words	Remarks
				60	40	100		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Signature:
 External Examiner's Name:
 Date:
 Campus:
 Mobile No.: