

Tribhuvan University
 Faculty of Education
 Office of the Dean

Students' Attendance Form
Practicum in Special Needs Education

Campus:

Level: M.Ed.

Specializations: SN. Ed. 542

Academic Year:

S.N.	Symbol No.	Name of the Student	Co-operating Institutions	Teaching Subject	Class	Lesson plan	Test construction of instructional materials	Peer Observation	Overall Report	Examination Date	Sign	Remarks
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

**Internal Supervisor Evaluation Form
Practicum in Special Needs Education**

Campus:

Level: M.Ed.

Specializations: SN. Ed. 542

Academic Year:

S.N.	Symbol No.	Name of the Student	Experience as a learner (5)		Teaching Practice (30)					Internship (15)		Total	Remarks	
			Observation report	Sharing experiences	Lesson Plan	Micro teaching Practice	Peer teaching in department	Teaching performance in school/campus	observation and its reports	Internship report	In depth case study report			
			2.5	2.5	2.5	2.5	5	15	5	10	5			50
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

Signature:

Name of Supervisor:

Date:

Mobile No.

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Faculty of Education
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**External Supervisor Evaluation Form
Practicum in Special Needs Education**

Campus:

Level: M.Ed.

Specializations: SN. Ed.542

Academic Year:

S.N.	Symbol No.	Name of the Student	Experience as a learner (5)		Teaching Practice (15)					observation and its reports (5)		Internship (15)		Total	Remarks
			Observation report	Sharing of experience	Lesson Plan	Teaching Aids	Classroom performance	Report on feedback to peers	Test construction and administration and analysis of test results	observational report	Presentation of report	Internship report	In depth case study report		
			2.5	2.5	2.5	2.5	2	3	5	2.5	2.5	10	5		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Signature:

Name of supervisor:

Date:

Mobile No.

Tribhuvan University
Faculty of Education
Office of the Dean

**Co-operating institution Evaluation Form
Practicum in Special Needs Education**

Campus:

Level: M.Ed.

Specializations: SN. Ed. 542

Academic Year:

S.N.	Symbol No.	Name of the Student	Teaching Practice (10)						
			Lesson Plan	Teaching Aids	Classroom performance	Report on feedback to peers	Test construction and administration and analysis of test results	Total	Remarks
			2	2	2	1	3	10	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Signature:

Name of Supervisor:

Date:

Mobile No.