

FORMAT FOR LESSON NOTE/ DIARY

Name of the Teacher Trainee :

Enrolment No :

Date :

Class & Section :

Teaching Learning Materials Used:

Subject :

Period & Duration of the class :

Topic :

Teaching Points (Concepts) :

Learning Objectives :

Strategies adopted :

Brief description of learning activities:

Evaluation strategies :

Home assignment :

Signature of Mentor/Supervisor

Date:

Signature of Teacher Trainee

FORMAT FOR LESSON OBSERVATION

Name of the Work place : _____
 Date: _____
 Name of the Trainee-Observer: _____ Class: _____
 Enrolment No. : _____
 Period : _____
 Method Subject : _____
 Subject : _____
 Topic : _____
 Name of the Demonstrator : _____

Steps	Teaching Points	Learning Activities	Suggested Alternate/additional activities	Reasons for suggesting alternate/additional activities
Introduction				
Presentation				
Evaluation (Assignment)				

Any other observation:

*Full signature of Teacher Trainee
 whose lesson is observed*

Signature of the Trainee Observer

Total marks out of 10:

Signature of Resource Person

RATING SCALE FOR ANALYSIS OF SCHOOL TIME TABLE

To be used by the workshop coordinator /Resource Person in the Workshop

Name of the teacher trainee :

Enrolment No. :

Name of the School :

Rating need to be done according to the following criteria:

Criteria School Time-Table	Ratings (5-Excellent, 4-Very Good, 3-Good, 2-Average, 1-Unsatisfactory)				
- Steps to avoid overlapping of period	5	4	3	2	1
- Placement of subject according to its difficulty level	5	4	3	2	1
- Steps to alleviate excessive burden on students :	5	4	3	2	1
a) Variety in activities for curricular transaction					
b) Placement of co-curricular activities					
- Structure of the report	5	4	3	2	1

Has a copy of the time-table be appended along with report? Yes/No

Total Marks out of 20:
(to be converted out of 10)

Signature of the Workshop Coordinator/Resource Person

RATING SCALE FOR ANALYSIS OF CALANDER ACTIVITY

To be used by the workshop coordinator /Resource Person in the Workshop

Name of the teacher trainee :

Enrolment No.: :

Name of the School :

Rating need to be done according to the following criteria:

Criteria Calendar of activities	Ratings (5-Excellent, 4-Very Good, 3-Good, 2-Average, 1-Unsatisfactory)				
- Inclusion of varieties of activities	5	4	3	2	1
- Placement of right kind of activities in the proper place	5	4	3	2	1
- Steps to alleviate excessive burden on students :	5	4	3	2	1
- a) Variety in activities for curricular transaction					
b) Placement of co-curricular activities in the calendar					
- Placement of evaluation activities	5	4	3	2	1
Has a copy of the calendar activity be appended along with report?					Yes/No

Total Marks out of 20:
(to be converted out of 10)

Signature of the Workshop Coordinator/Resource Person

RATING SCALE FOR SEMINAR PRESENTATION

Presentation of Teacher Trainee to be rated by the Workshop Coordinator.

Name of the Teacher Trainee :

Enrolment No. :

Topic :

Time Duration of the presentation :

Rating need to be done according to the following criteria:

Criteria	Rating (5-Excellent, 4-Very Good, 3-Good, 2-Average, 1-Unsatisfactory)				
- State of preparedness of the student teacher	5	4	3	2	1
- Reading skill	5	4	3	2	1
- Relevance of the seminar topic to issue related to Education	5	4	3	2	1
- Self Confidence	5	4	3	2	1
- Accuracy of facts	5	4	3	2	1
- Organization of presentation	5	4	3	2	1

Total Marks out of 30:
(to be converted out of 20)

Signature of Workshop Coordinator/ Resource Person or his/her nominee

RATING SCALE FOR PARTICIPATION (PROCESS EVALUATION) IN WORKSHOP

(To be filled in by the workshop Coordinator for each day of the workshop)

Name of the Teacher Trainee :

Enrolment No. :

Name of the study centre :

Rating need to be done according to the following criteria:

Criteria	Rating (5-Excellent, 4-Very Good, 3-Good, 2-Average, 1-Unsatisfactory)				
(i) Participation(leadership, emotional stability, Cooperation, raising questions, responding)	5	4	3	2	1
(ii) Punctuality	5	4	3	2	1
(iii) Sincerity	5	4	3	2	1
(iv) Regularity	5	4	3	2	1
(v) Actual attendance (number of sessions)	5	4	3	2	1

Comments and remarks:

Total Marks out of 20:

Signature of Workshop Coordinator/ Resource Person or his/her nominee

RATING SCALE FOR SELF- DEVELOPED TEACHING LEARNING MATERIALS (TLMS)

Teaching aid prepared by teacher trainee is to be rated by the resource person

Name of the teacher trainee :

Enrolment No. :

Name of the aid : Class for which the aid is meant:

Type of aid (audio/visual/ audio-visual):

Rating need to be done according to the following criteria:

Criteria	Ratings (5-Excellent, 4-Very Good, 3-Good, 2-Average, 1-Unsatisfactory)				
	5	4	3	2	1
- Relevance of the aid according to :	5	4	3	2	1
a) Teaching-learning context					
b) Cognitive level of students					
c) Appropriateness of the aid					
- Fulfillment of the specified objectives of preparation of aid	5	4	3	2	1
- Use of locally available (inexpensive indigenous) material for preparation of aid	5	4	3	2	1
- Effectiveness of the aid in :	5	4	3	2	1
a) Attracting students attention					
b) Clarifying concepts					
c) Achieving objectives of the lessons					
d) Accuracy of the size of model					

Total Marks out of 20:

Signature of Workshop Coordinator/ Resource Person or his/her nominee

RATING SCALE FOR EVALUATION OF REPORT ON COMMUNITY PARTNERSHIP

The report of the teacher trainee on “The relationship of the school and community and role of the teacher” (suggested in 3 activities in Workshop-II) is to be evaluated by the resource person on the basis of the following criteria.

Name of the teacher Trainee :

Enrolment No.:

Rating need to be done according to the following criteria:

Criteria	Ratings (5-Excellent, 4-Very Good, 3-Good, 2-Average, 1-Unsatisfactory)				
- Identification of school and community partnership	5	4	3	2	1
o Identification of school roles					
o Identification of community roles					
o Utilization of school resources for community					
o Utilization of community resources for school					
- Role of the teacher to meet the challenges on the school and community partnership	5	4	3	2	1
- Identification of problems encountered	5	4	3	2	1
- Formulation of the solution to the problem	5	4	3	2	1

Total Marks out of 20:
(to be converted out of 10)

Signature of Mentor/Supervisor/Resource Person



NIOS Study Centre/Workshop Centre _____
D.El.Ed.Programme

(The student should keep a blank copy and a filled-in copy of this proforma)

Certificate from the Head Master of the Working School & Declaration by the teacher trainee

(The school should keep a Photocopy of this filled-in proforma)

**Certificate from the Head Master of the School where the Teacher Trainee is working now (Working School).
(Entries are to be made by the Head Master)**

Certified that

1. Sri/Smt. _____(full name), a teacher of this School and a trainee of NIOS Diploma in Elementary Education (D.El.Ed.) Programme from _____(Date) to _____(date)
2. His/her total teaching experience in this school is _____ years (write in words) and _____(write in words). He/she will be permitted to deliver the practice lessons after completing the 1st year and also to carry out the school-based activities in the 1st year in the school.

Address of the School with PIN & Tel. No. with code

School Seal

(Full signature of the Head Master)

Full name in capital letters

Office Seal Date:

Declarations by the Teacher Trainee

Mr./Mrs. _____ is my mentor and Mr./Mrs. _____
_____ is my Supervisor

I declare that

- a. I shall obey all the rules and regulations as well as the guidelines and instructions of the Workshop. In case I fail to do so. I may be debarred from attending the workshop; which I shall accept without any protest and prejudice.
- b. I shall show the Workshop-I completion certification to the Head Master of my school and thereafter I shall start Practice Teaching from **January** and complete it by **August** of the next calendar year and I have completed School Based Activities(SBA) during the current year; as per the guidelines and instructions issued by NIOS.
- c. In case I fail to do so, I shall inform the Study Centre Coordinator in writing by regd./speed post and I shall accept the decision of the Study Centre Coordinator in this regards without any pretext and prejudice and shall act accordingly.

Full Signature of Teacher Trainee

Name:

Enrolment No.:

Date:

NIOS Study Centre/Workshop Centre _____

D.El.Ed.Programme

Declaration by the Head Master

(The school should keep a photocopy of this filled-in proforma)

1. The Head Master is requested to kindly fill in this proforma in his/her own hand
2. He/she is requested to kindly cooperate with NIOS in maintaining and improving the quality of its D.El.Ed. programme
3. If the teacher trainee is insincere or irregular in carrying out the practical activities, he/she may be cautioned about it. If he/she still continues the same, he/she should not be allowed to continue the activities and the matter may please be reported in writing to the Study centre

Very Important

1. The Teacher Trainee will show the Workshop-I completion certificate (original) issue by the Study Centre Coordinator. Please collect a copy of it from him/her as soon as your school reopens after summer vacation. After seeing that certificate only, he/she should be allowed to deliver the Practice Lessons and the concerned Mentor should be instructed accordingly.
2. Mentors and Supervisors are requested to sit in the class for the entire period and observe the lessons and write the comments, suggestions, etc. in the body of the lesson plan. Lesson with the statement "Lesson Delivered" will be cancelled and the Teacher Trainee will be debarred from the Workshop-II. LIBERAL ATTITUDE IN THIS REGARD WILL SABOTAGE THE D.EL.ED. PROGRAMME

1. Name & Code of the Programme Study Centre _____
2. Full name of the Teacher Trainee in Capital Letters _____ Enrolment no. _____
3. Address of the school where the Trainee is working now with PIN & Tel No. with code _____

4. Full name of the Head Master of the Working school in Capital Letters _____
5. Address of the School with PIN & Tel No. with code _____

Certified that

1. Ours is a school having classed from _____ to _____.
2. It is recognized by the Govt. of Jharkhand

I declare that

1. I have gone through the guidelines about the School Based Activities, Workshop Based Activities and Practice Teaching issued by NIOS and have understood the contents therein as well as my functions and responsibilities.
2. I shall allow him/her to deliver Practice lessons by January in next session
3. The Teacher Trainee will not be allowed to carry out the practical activities (PT & SBA) if he/she fails to do it as per the stipulated timeframes of NIOS Regional Centre, Ranchi and it will be reported to the Study centre Coordinator
4. Certified that all the entries in this proforma have been made by me in my own hand which are true collected and submitted by me.

School Seal

Full signature of the Teacher Trainee

Enrolment no.:Office Seal

Date:Date

Full signature of Head Master



NIOS Study Centre/Workshop Centre _____
D.El.Ed.Programme

(The school should keep a blank copy and a filled-in copy of this proforma)

Use one Proforma for each Teacher Trainee

Certificates from the Mentor, Supervisor and the Head Master of his/her working school
the Supervisor/Mentor should keep a photocopy of this filled in proforma

1. The Supervisor/Mentor is requested to collect a copy of the NIOS Practical Manual, Programme Guide and Handbook on Academic Support System and go through them thoroughly
2. He/she is requested to give tips to the Teacher Trainee about the techniques of writing the Lesson Plan following the NIOS Lesson Plan format and improving the teaching skills
3. He/she is required to visit the School of the Teacher Trainee where he/she works
4. He/she is required to sit in the class (during the delivery of the lesson by the Teacher Trainee) for the entire period and write the comments, suggestions, corrections, etc. in the body of the Lesson Plan; in addition to verbal instructions
5. Lesson Plans without corrections, constructive suggestions, etc. will be cancelled during scrutiny. So, the Supervisor/Mentor is requested to extend full cooperation in this regards. Pre-delivery & post-delivery discussions would be a commendable job

Certificate from the Head Master of the School, where the Supervisor/Mentor is working

(The Head Master is requested kindly to fill in this certificate in his/her own hand)

This is to certify that Sri/Smt./ _____ (full name) has been working as a Teacher in the school since _____ (date) till today
I have no objection in permitting him/her to Monitor the Practice Lessons of NIOS teacher trainee.

Address of the school with PIN & Tel. No. Seal of the Institute
With code

Full Signature of the Head Master
Name in capital letters: _____
HM's Seal Date:

I declare that

1. My teaching experience is around _____ years (Write in words)
2. I have gone through the Guidelines and additional instructions about PT & SBA, the NIOS format on Lesson Planning and understood that contents therein as well as my functions and responsibilities.
3. Further, I declare that I will guide the teacher trainee in writing the Lesson Plans and supervise the delivery of Practice Lessons during the supervised period as per the NIOS Guidelines. I shall give him/her tips in this regards, as and when necessary.
4. The distance between my work place/home (Retd. Persons) and the Practicing School is ___km (please write in words) and beyond 50 km.
5. I declare that all the entries in this Proforma have been made by me in my own hand, which are true.

Postal address with PIN and Tel. No.
(Address of the institute of in-service Supervisor/Mentor
and home address in case of retired Supervisor/Mentor)

Full Signature of the Supervisor/Mentor
Date:



NIOS Study Centre/Workshop Centre _____

D.El.Ed.Programme

Details of School-Based Activities(SBA)

(to be filled in by the Trainee in his/her own hand in black-ink pen)

Name & code of the Study Centre -----
Full name of the Teacher Trainee in CAPITAL LETTERS -----
Enrolment no.----- Special Paper -----
Method Subjects: 1. ----- 2.-----

S. No.	Title of the Activities	Name of sub-activities	No. of pages of the report	Details of enclosures
1.	Case Study			
2.	Maintenance of School/class Records & Register	i. Preparation of progress report of the pupils ii. Anecdotal Record (based on specific observation) iii. Maintenance of Lesson Diary/Notes iv. Preparation of Schedule and conducting arrangement/substitute class schedule and conducting substitute classes v. Preparation of records of library, laboratory and sports activities for pupils		
3.	Contribution to School Programme	i. Organising morning assembly and other assemblies and preparing a report of the process and outcome achieved ii. Reporting process of PTA/MTA/SMC meeting and outcome achieved. iii. Organisation of social festivals in the schools iv. Organisation of Annual sports or Annual day of the school v. Organisation of Excursion/fields visit		

I declare that I have carried out the school Based Activities mentioned at serial no.1 to 3 as above in the Practicing School during the months of the current calendar year and prepared the Reports.

Full signature of the Teacher Trainee

Date:

Certified that the above-named Teacher Trainee has carried out all the above-mentioned School Based Activities (SBA) in this school and prepared the Records & Reports under the guidance of the Mentor and Supervisor. (to be certified by the mentor and the HM)

Prepared and submitted by me

Full signature of the Mentor
Date:

Full signature of the Trainee
Date:

Date :

Full signature of the Head Master

Office seal

Note: All the papers relating to SBA duly signed by the Mentor and Headmaster along with this proforma having all entries are to be submitted on the first day in the first session of the Workshop-I



NIOS Study Centre/Workshop Centre _____
D.El.Ed. Programme
Workshop-I Completion Certificate

This Certificate is to be issued to the NIOS Teacher Trainee only after completion of the Workshop-I/Workshop-II as per the Guidelines & Instructions of NIOS Study Centre/Workshop Centre

To be filled in by the Workshop coordinator and none-else in his/her own hand.

(Please keep a Photocopy of it)

Name & Code of the Programme: **Workshop-I**

Full Name of the Teacher Trainee in Capital Letters: _____

Enrolment No.: _____

Certified that the above-named student has completed the practical activities (as per NIOS Guidelines & Instructions) in this school as detailed below

1. Prescribed School Based Activities as per record submitted by him/her
Started on _____ (date) and completed on _____ (date)
2. Workshop I
Started on _____ (date) and completed on _____ (date)

Full Name of the Mentor _____

Full Name of the Supervisor _____

Address of the Workshop Centre-I with PIN & Tel no. and Code no.:

Seal of the School

Full Signature of the Workshop Coordinator

Name in Capital Letters
Office's Seal Date: