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**Department of Foreign Language Education**

**English Language Teaching B.A.**

**School Practicum Portfolio**

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| **Prepared by** |
| Student Name |
| Student ID Number |
| Practicum School Name |
|  |
| **Advisor** |
| Advisor Name |

BARTIN,

2022

**CONTENT**

*The contents included in this portfolio must be completed in full by all pre-service teachers and submitted online to the advisor (faculty member) at the end of each semester.*

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| **CONTENT** | **DESCRIPTION** |
| School Practicum Timetable | *not to be modified* |
| Weekly Report Form | *12 must be completed in total (for both observations and teaching)* |
| Lesson Plan Template | *Must be completed at least twice and should include evidence of feedback from your mentor and advisor* |
| Self-evaluation Form | *Must be completed at least twice; after each teaching practice* |
| Peer-evaluation Form | *Must be completed at least twice; after each teaching practice* |

*If you would like to add an additional document or a photo, please insert it at the end of this document as an Appendix, and describe the contents of the attachment in detail. You may view the Lesson Plan Evaluation Form used by your advisor on fle.bartin.edu.tr*

**School Practicum Timetable (for one semester)**

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| **Week** | **Activity** | **Descriptions and/or resources** |
| 1 | **Introduction to School Practicum:** Meeting with the preservice teachers, the mentor teacher, and the advisor. Visits to practicum schools, and setting the schedules | * Meeting proceedings with signature of the parties * Photographs |
| 2 | **Observation** | * Weekly Report (*12 to be completed in total*) *Observation at school, observation of the mentor teacher’s day, observation of a student’s day, observation of the teaching-learning process* |
| 3 | **Observation** |
| 4 | **Observation** |
| 5 | **Lesson Planning:** Meeting with the preservice teachers, the mentor teacher, and the advisor | * Lesson Plan Template   *(needs to include feedbacks from the mentor teacher and advisor, and evidence to show that the plan was reconsidered after the feedbacks)* |
| 6 | **Teaching**  by the preservice teachers | * Weekly Report (*12 to be completed in total)* * Self-evaluation Form *(at least 2)* * Peer-evaluation Form * Lesson Plans (2 to be included in the portfolio) and evidence of feedback for each lesson plan form |
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| 11 |
| 12 |
| 13 |
| 14 | **General Evaluation:** Meeting with the preservice teachers, the mentor teacher, and the advisor | Semester Evaluation Report  *(to be prepared and administered by the faculty/department)* |

**Weekly Report Form (1)***12 to be completed (change the number)*

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| **Date:**  **Name and Surname:**  **Report Title:**  **Practicum School, Classroom, Mentor Teacher:** |
| In this form, you are asked to report your experience of teaching/observing at your practicum school. |
| **Question:** Please describe in detail what you observed / how your teaching went; give positive and negative aspects of your experience with examples. *(Minimum 150 words)*  - |
| **Advisor’s Feedback:** - |

**Lesson Plan Template**

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| Please complete this form before teaching a lesson. Please complete and submit the lesson plan to your mentor teacher and ask for recommendations 2 weeks before teaching and submit it again to your advisor faculty member 1 week before teaching. This form needs to be completed in your portfolio twice (for two different lessons).  Please include evidence of feedback received from your mentor and advisor in your portfolio. | | | | | | | |
| Full Name:  Date:  Subject of the lesson:  School/classroom / proficiency:  Signature: | | | | | Methods and techniques included in the plan:  Use of technology (if any):  Additional notes (if any):  Aim/goal of the lesson:  Objectives of the lesson:  Materials (*you may insert longer media in the Appendix part, please describe your material briefly here)*: | | |
| **TITLE OF THE LESSON** | | | | | | | |
| **Stage** | **Allocated Time** | **Procedures** | **Aids (*add to appendix*)** | **Interaction Pattern** | | **Rationale/Justification** | **Additional notes (*e.g. Anticipated Student Response; please delete the column if not necessary*)** |
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| **EVIDENCE OF FEEDBACK FROM THE MENTOR** | | | | | | | |
| **EVIDENCE OF FEEDBACK FROM THE ADVISOR** | | | | | | | |
| **APPENDIX (for materials)** | | | | | | | |

**Self-Evaluation Form**

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| Please complete this form after teaching a lesson. You must complete this form at least twice; therefore, copy this form and complete it after the second time you teach. Please objectively answer the questions below in at least 50 words for each item: | |
| Full Name:  Signature: | Date:  Subject of the lesson:  School/classroom: |
| **Question 1:**  How effectively were you able to follow your lesson plan? *(Did the lesson deviate from your plan or did you strictly adhere to the plan? Please explain in detail)* | |
| **Question 2:** Please describe how you prepared the lesson. | |
| **Question 3:** If you were to re-teach the lesson, what would you change? | |
| **Question 4:** How effective do you think your lesson was? | |
| **Question 5:** What was the most effective aspect of your lesson? | |
| **Question 6:** What was the least effective aspect of your lesson? | |
| **Question 7:** Please briefly describe the materials you used and discuss how they were related to the topic you taught and objectives of your lesson. | |
| **Question 8:** Which skill(s) did you want the students to develop during your lesson? How effective was your lesson in achieving this goal? | |
| **Question 9:** Which stage of the lesson was the most challenging for you? Why? | |
| **Question 10:** How did you assess that the students met the goals/objectives you have set? | |
| **Question 11:** What did the students think about your activities? What do you think about the attitudes of the students towards learning the topic in your lesson? | |
| **Question 12:** How was the pupil participation during the lesson? | |
| **Question 13:** How effectively do you think you managed the classroom? | |
| **Feedback from the advisor:**  - | |

**Peer-Evaluation Form**

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| Please objectively complete this form after observing your peer preservice teacher’s teaching. Please try to write constructive comments for each item in at least 50 words for each item: | |
| Full Name (Observer):  Signature (Observer): | Name of the teaching peer:  Date:  Subject of the lesson:  School/classroom: |
| **Question 1:**  How effective do you think the lesson was? *(Please explain in detail)* | |
| **Question 2:** What do you think was the most effective part of the lesson? | |
| **Question 3:** What do you think was the least effective part of the lesson? | |
| **Question 4:** What kind of materials and aids did your peer use? Please discuss the effectiveness of these materials and aids. | |
| **Question 5:** Which skill did your peer aim to develop the most in the lesson? | |
| **Question 6:** How did your peer assess whether the students met the goals/objectives of the lesson? | |
| **Question 7:** Which activities did the pupils enjoy and participate in the most? *(Discuss if there was a lack of pupil participation and the reasons)* | |
| **Question 8:** How effectively do you think your peer managed the classroom? | |
| **Question 9:** What recommendations would you like to give to your peer? | |
| **Question 10:** If you were to teach the same lesson, what would you change? | |
| **Feedback from the advisor:**  - | |