



Gokhale Education Society's

COLLEGE OF EDUCATION AND RESEARCH



Parel, Mumbai – 400 012.

Permanently affiliated to University of Mumbai, NCTE Recognised, UGC 2f 12B,
ISO 9001:2015 Certified, NAAC accredited A grade in 3rd Cycle

DOCUMENT UPLOAD

COMPETENCY AND SKILL DEVELOPMENT 2.4.13



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Gokhale Education Society's

COLLEGE OF EDUCATION AND RESEARCH

Acharya Donde Nagar, Gokhale Society Lane, Parel Mumbai-400012

(Affiliated to University of Mumbai, Recognized by NCTE, UGC under section 2 (f) 12B

ISO Certified 9001-2015, NAAC Re-accredited 'A' Grade

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Ref. No: GESCER//May/2022

Date: 02/05/2022

INTERNSHIP FEEDBACK FROM PRATICE TEACHING SCHOOLS**INTERNSHIP FEEDBACK FROM SCHOOLS**

Unsatisfactory 02	Satisfactory 04	Good 06	V. Good 08	Excellent 10
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Sr. No.	Sentence	Rating
1	Punctuality of the group	
2	Team work of the group	
3	Co-operation of students-teachers in school activity	
4	Student-teachers behavior with the school students	
5	Active participation of students -teachers in school activity	
6	Students teachers behavior with the school administrative staff	
7	Student-teachers behavior with the school teachers	
8	Creativeness of student teachers	
9	Effectiveness of student teachers in conducting lesson	
10	Effectiveness of student teachers in conducting in curricular activities	
11	Effectiveness of student teachers in conducting in Co-curricular activities	
12	Overall impression of student teachers	



[Signature]
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BACHLOR OF EDUCATION

शिक्षणशास्त्र पदवी अभ्यासक्रम

20 - 20

INTERNSHIP PROGRAMME

Lesson Journal

SEM - IV

Name of the Student / विद्यार्थ्यांचे नाव _____

Roll No. / हजेरी क्रमांक _____

Subject / विषय _____

Name of the School / शाळेचे नाव _____

★ Self Reflection ★

1) What did I think and feel about my Lesson ?

2) What were the positive and negatives ?

3) What else could I have done ?

4) What will I do better next time ?



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Reflective journal on internship activity

SEMESTER

20 - 20

Name of Student Teacher _____

Roll No. _____ Date _____ Subject _____

Name of the School _____ Time _____

Name of the Supervisor _____

Marks : 30

Name of Activity : _____ Date _____

Self Reflection _____

What happened (**positive and negative?**). (Described)

Why it happened, **what** it means, **how successful** it was. (Analyse)

What you (personally) **learned** from the experience. (Evaluate)

You : This leads to self-knowledge.



Student Signature _____

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Parel, Mumbai 400 012.**

**SHADOWING OBSERVATION OF
SCHOOL TEACHER**

SEM - II

20 ____ TO 20 ____

Name of the Student Teacher _____

Name of the Shadowing Teacher _____

Roll No. _____ **Date** _____ **Time** _____

Name of the School _____ **Subject** _____

Name fo the Teaching Method _____

Teaching Aids _____

Marks : 15

OBSERVATIONS OF SHADOWING TEACHER

- **Introduction :** _____

- **Presentation:** _____

- **Explanation :** _____

- **Questioning :** _____

- **Examples :** _____

- **B. B. Work :** _____

- **Interaction :** _____

➤ **Evaluation :** _____

➤ **Confidence :** _____

➤ **Any Others :** _____

Learning by Reflection

➤ **Describe :** _____

➤ **Analyse :** _____

➤ **Evaluate :** _____

➤ **Your :** _____



Signature of Shadowing Teacher

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STUDENTS ATTENDANCE IN INTERSHIP PROGRAMME
SEMESTER

NAME OF SCHOOL _____ GROUP NO. _____

NAME OF PROF. _____

GROUP LEADER _____

CO-LEADER _____ DATE _____

ROLL NO.	NAME OF STUDENT	IN TIME	OUT TIME	REASON OF ABSENT	SIGNATURE OF STUDENT



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[Handwritten signature]

SIGNATURE OF GROUP LEADER _____

SIGNATURE OF SUPERVISOR _____



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MARK LIST

Formed

Name of Teachers _____

Name of School _____

Date _____

Roll No.	Name of Students	Subject	Std.	Div.	Marks



Signature of the Supervisor _____

Signature of P. T. Incharge _____

Principal
Principal Education Society's
Gokhale Education & Research
College of Education - 400 012.
Secretary
Secretary of Principal