



Self Reflection Lesson Review Form

Teacher: _____

Date of lesson: _____

Class age and style: _____

This document(s) is required for graduation Mail to: IDTS Graduation Applications Unit 2- 45170 Redwood Ave Chilliwack, BC, V2R 1W2	Level One: 1 Self Reflection Lesson Review Level Two: 3 Self Reflection Lesson Reviews Level Three: 5 Self Reflection Lesson Reviews **Teachers will not be marked on self reflections, they serve to guide teachers to the next level in their teaching practice.
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Teacher Notes

Organization: Was I satisfied with my overall organization of the class?	
Classroom Management: Was the class time used effectively? Was there maximum participation? How frequently/long did students wait in lines? Did I address behavior problems adequately? Did I express lesson/skill goals clearly?	
Communication Skills: Was my communication clear? Did I check for clarity? Did I point out key details of skills? Did I explain the purpose of activities? Was I confident?	
Teaching Strategies: Did I implement a variety of teaching strategies? Did my lesson reach all learning styles? Did my feedback types have variety? What strategies did I use?	
Knowledge of Material: Did I sequence steps in a logical order?	
Safety Concerns: Was the space safe? Was I positioned where I could see all of the students? Were safety issues addressed in the introduction of new skills? Did I give adequate breaks when necessary?	
Personality, Enthusiasm: Did I have a good connection with the students? Was I enthusiastic? Did the students have fun?	
Final Conclusions: What about this lesson went really well?	
What are the main areas of focus for future improvement?	
Things I will change next time:	