

# Lesson Critique Form

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Name of teacher education student: \_\_\_\_\_

Key learning area: \_\_\_\_\_

Name of school: \_\_\_\_\_ Year: \_\_\_\_\_

Name of supervising teacher: \_\_\_\_\_ Date: \_\_\_\_\_

**Commendations:**

**Recommendations:**

**Overall impression:**

Supervising teacher signature: \_\_\_\_\_

Teacher education student signature: \_\_\_\_\_