



**DIRECTORATE OF DISTANCE EDUCATION
SRI PADMAVATI MAHILA VISVAVIDYALAYAM
(WOMEN'S UNIVERSITY), TIRUPATI – 517 502 (A.P.)**

B.Ed. (D.M) Additional Methodology Programme 2019 Calendar year batch
Acceptance Proforma to Undergo Block Teaching Practice

School Internship for Classes VI – VII (12 School working days – 10 lessons) & VIII to X (18 School working days – 15 lessons)

Name & Address of the High School	Methodology Subject VI – VII			Methodology Subject VIII to X		
	Name of the Teacher	Qualification & Length of Teaching Experience at Upper Primary/High School Level	Willingness & Signature of the Teacher	Name of the Teacher	Qualification & Length of Teaching Experience at Upper Primary/High School Level	Willingness & Signature of the Teacher
		Qualifications: Teaching Experience:	Willing Signature		Qualifications: Teaching Experience:	Willing Signature

- Name of the Candidate : _____
- Reg. No. : _____
- Methodology Subject : _____
- Willingness of the H.M : Willing

Signature of the Study Centre Coordinator/
Principal with seal

Signature of the Headmaster
& Seal/ Stamp



**DIRECTORATE OF DISTANCE EDUCATION
SRI PADMAVATHI MAHILA VISVAVIDYALAYAM, TIRUPATI**

STUDY CENTRE:

Dear Sir/Madam,

Thank you very much for guiding the candidate under your able supervision in the methodology subject. You are required to guide, supervise, assess the lesson given by the candidate and provide feedback for making her to be effective in teaching. You are also required to provide constructive feedback on her performance (Strengths and weakness) provide guidelines in the preparation of the lesson plans, delivery of lessons and suggestions for corrections.

You are requested to follow the following points:

INSTRUCTIONS TO THE SUPERVISOR

1. All the entries in the Teaching Profile format shall be in the Supervisors own hand writing only.
2. Each Teacher Trainee has to take 15 lessons in each Method, under the Supervision of Senior School Assistant.
3. Please fill the particulars of the Teachers Trainee on the left hand corner and your particulars on the right hand side.
4. Entries into the Items I, II & III on the Page 2 shall be made on the basis of the lesson plan prepared by the candidate, lesson presentation, student - teacher interaction etc.
5. Each sub items on Page 2, carries maximum marks of five only.
6. Each lesson carries 10 sub items of 5 marks each i.e. $5 \times 10 = 50$ marks maximum.
7. At the end, calculate the grand total of the marks for all the 15 lessons and convert them to 50 marks.
8. A maximum mark in each methodology is 50 for Block Teaching Practice.

Director



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STUDY CENTRE:

Year: _____

Particulars of the Student Teacher:

Name: _____

Enrolment No. given by the DDE office:

METHODOLOGY SUBJECT _____ /Medium _____

Class _____

Name of the Co-operating School: _____

Place & Address with Pin Code: _____

Particulars of the supervising teacher: _____

Name: _____

Qualifications: _____

Method of Specialization: _____

Lesson Number	Date	Topic	Remarks on General Performance Good/Average/Poor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Signature of the Study Centre Coordinator/
Principal with seal

Signature of the Headmaster
& Seal/ Stamp

Lesson Number	I.Lesson Plan			II.Teaching – Learning Situation				III.Pupil – Teacher Activity			Total	Initial of the Guide Teacher
	Objectives and Specification	Planning of the lesson	Motivation	Presentation of the lesson	Pupil Participation	Usage of teaching aids	Chalk board work	Evaluation of the lesson & Assignment	Personality	General class room climate		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		
Max. marks	5	5	5	5	5	5	5	5	5	5	50	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
										Grand total		
Signature of the Supervisor with Office seal						Designation_____						



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STUDY CENTRE:

Year: _____

Particulars of the Student Teacher:

Name: _____

Enrolment No. given by the DDE office:

METHODOLOGY SUBJECT _____ /Medium _____

Class _____

Name of the Co-operating School: _____

Place & Address with Pin Code: _____

Particulars of the supervising teacher: _____

Name: _____

Qualifications: _____

Method of Specialization: _____

Lesson Number	Date	Topic	Remarks on General Performance Good/Average/Poor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Signature of the Study Centre Coordinator/
Principal with seal

Signature of the Headmaster
& Seal/ Stamp

Lesson Number	I.Lesson Plan			II.Teaching – Learning Situation				III.Pupil – Teacher Activity			Total	Initial of the Guide Teacher
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Max. marks	5	5	5	5	5	5	5	5	5	5	50	
1												
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6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
										Grand total		
Signature of the Supervisor with Office seal						Designation_____						



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DIRECTORATE OF DISTANCE EDUCATION**

Certificate of School Internship

This is Certify that Mrs/Ms. _____,
Address _____ has successfully
completed her School Internship from _____ to _____ Under the Guidance of (Name of
the Teacher in Methodology Subject) _____ in our school.

Signature of the Headmaster /
Head mistress with seal

Signature of the Supervising Teacher
in Methodology Subject : _____