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| **Texas Workforce Solutions logo** | **Texas Workforce Commission****Vocational Rehabilitation Services****Orientation and MobilityWeekly Internship Observation**  |
| **General Information**  |
| Intern name:      | Date:      |
| Lesson taught:      |
| **Observation Results**  |
| Teaching performance: Poor=1, Below Average=2, Average=3, Above Average=4, Excellent=5    |
| **Check the appropriate box**:  | **1** | **2** | **3** | **4** | **5** |
| 1. Lesson was well planned and organized.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2. Intern was prepared to teach the lesson.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3. Intern demonstrated a thorough knowledge of the skills.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4. Lesson was explained in a clear, concise manner.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5. Intern demonstrated a good understanding of the lesson objectives.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6. Intern remained alert and cautious on the lesson.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7. Intern observed from the proper position.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8. Intern demonstrated good judgment and timing in making corrections.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9. Allowed for the student’s or customer’s individual needs.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10. Maintained a good time schedule.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 11. Lesson was reviewed, evaluated, and terminated appropriately.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 12. Intern’s rapport with student or customer.   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Additional Comments:      |
| Supervisor signature:**X**   | Intern signature:**X**   |