**Workshop 5: Classroom Management and Lesson Planning**

**IIEEC-OUP Teacher Training Certificate Program 2019**

**■ Your information**

|  |  |
| --- | --- |
| **Name** |  |
| **Name of school** |  |  | **Home** |
| **Teaching experience** |  |  | **Not a teacher** |

**■ Your evaluation of the workshops**

Please rate the workshops on a scale of 1 – 4. 4 is very good and 1 is poor and write comments.

(Please write the date you took each workshop.)

Workshop 5: Classroom Management and Lesson Planning Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 4 | 3 | 2 | 1 | Comments |
| Lecture  |  |  |  |  |  |
| Skills Practice |  |  |  |  |  |
| Quality of Materials |  |  |  |  |  |
| Other: Write details |  |  |  |  |  |

**■ Report** Start writing your report on this page.　　**Word count ( )**

**【Summary】**

**【Application】**

**【Opinions】**