INDIAN INSTITUTE OF TEACHERS TRAINING

Reg Govt of India NCS,Reg Ministry of MSME Govt of India,ISO 9001:2015

TEACHER EDUCATION

LESSON PLAN BOOK

Roll Number	
Student Name	
Date Of Birth	
Father Name	
Session / Year	
Institution / Center Name	
Name Of The Class Teacher	

Date of Submitted

Student Signature

Institution Signature

Evaluation Signature

PROFORMA FOR OBSERVATION

LESSON PLAN:

I	Pre-Prepatory Activity
II	Pre-Learning Activity
III	Learning Activity
IV	Exercise Activity
V	Application Activity
VI	Evaluation Activity
VII	Class Management
VIII	Suggestions

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(OBSERVED LESSONS)

SI NO	DATE	SUBJECT	TOPIC	SUPERVISOR

Student Signature

Evaluation Signature

Name of the Teacher:	**Subject:**
Name of the School:	**Topic:**
Class:	**Date:**
Sec:	**Period:**

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I. Pre-Preparatory Activity:

II. Pre-Learning Activity:

III. Learning Activity:

IV. Exercise Activity:

V. Application Activity:

VI. Evaluation Activity:

VII. Classroom Management:

VIII. Suggestions:

Signature of Teacher Educator