

## Teacher Support Form No TT 3.1



## Pre Teacher Training Assessment Form

| Name of the teacher:  |                      |                    |                         |  |  |
|---|----------------------|--------------------|-------------------------|--|--|
| Name of the school:   |                      |                    |                         |  |  |
|   |                      |                    | Date:                   |  |  |
| 1. The level of qualificatio  | n you have attained? |                    |                         |  |  |
| ☐ Graduate  | ☐ Postgraduate       | ☐ PhD              | ☐ Others (Specify)      |  |  |
| 2. Select the educational level where you teach   |                      |                    |                         |  |  |
|   | ☐ Elementary school  | ☐ Secondary school | ☐ Sr. Secondary school  |  |  |
| 3. Which subject/s do you teach?  |                      |                    |                         |  |  |
| ☐ English   | ☐ Bengali            | ☐ Hindi            | ☐ Environmental Science |  |  |
| ☐ History   | ☐ Geography          | ☐ Physical Science | ☐ Life Science          |  |  |
| ☐ Others (Specify)  |                      |                    |                         |  |  |
| 5. Do you feel as a teacher you regularly need to brush up your knowledge and skills?           |                      |                    |                         |  |  |
| ☐ Yes   | □ No                 | ☐ Maybe            |                         |  |  |
| 6. Rate the following factors on their level of importance while teaching, on a scale of 0 to 3 |                      |                    |                         |  |  |
| 0 – not important at all 1 –  | - Low importance     |                    |                         |  |  |
| 2 – Moderate importance 3 – High importance   |                      |                    |                         |  |  |

| Sl.<br>No. | Factors   | Importance for a teacher |
|------------|---|--------------------------|
| 1          | Lesson Planning   |                          |
| 2          | Formulating learning outcomes   |                          |
| 3          | Devising strategies for effective teaching of content – method, aids, techniques      |                          |
| 4          | Optimum utilisation of time   |                          |
| 5          | Facilitating independent and collaborative learning                                   |                          |
| 6          | Devising Classroom strategies to maintain discipline and order for smooth functioning |                          |
| 7          | Motivating and inspiring Students   |                          |
| 8          | Assessing and monitoring students' achievement  |                          |
| 9          | Impacting students for character building and instilling the right values             |                          |
| 10         | Instilling crtical thinking, problem solving and creativity in the students.          |                          |



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| 7. Do some/many of above mentioned factors pose a challenge while planning for your classroom teaching?    |                   |  |  |  |
|--|-------------------|--|--|--|
| ☐ Yes  | □ No              | ☐ Sometimes                                |  |  |
|  |                   |  |  |  |
| 8. Would you like to further know about the above mentioned areas of teaching?                             |                   |  |  |  |
| ☐ Yes  | □ No              | ☐ Maybe                                    |  |  |
|  |                   |  |  |  |
| 9. Do you attend teacher training events?  |                   |  |  |  |
| ☐ Yes  | □ No              |  |  |  |
|  |                   |  |  |  |
| 10. How important do you feel is an in-service teacher training program in upgrading skills and knowledge? |                   |  |  |  |
| ☐ Very important   | ☐ Important       | ☐ Not important                            |  |  |
|  |                   |  |  |  |
| 11. Given a choice which mode of teacher training would you prefer?  |                   |  |  |  |
| ☐ One –day training  | ☐ 2 days training | ☐ More than 2 days training with follow up |  |  |
| ☐ No training  |                   |  |  |  |