Feedback Form

Teacher Name: _____

School Name: _____

Years of experience: _____

Lesson Plan Feedback Form

To what extent did teacher represent the following features in her Lesson plan?	**Yes**	**No**
1. Did chosen materials suit lesson plan?		
2. Were they appropriate and relevant?		
3. Were they realistic, given allocated class time?		
4. Did the lesson plan able to get students understanding and meet the goals?		
5. Did the lesson plan related to STEM education and practicing STEM in learning?		

As experienced teacher what can be improve and improvise in the lesson plan? What is your overall opinion about the lesson plan and materials chosen?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____