

Name of Presenter: FAWN JONES

Title of Student Teaching Lesson Plan Topic: PDH

	Effective	Needs Improvement	Ineffective	Not Done
<b>ANTICIPATORY SET</b>				
Introduced Topic	3	2	1	0
Gained Audience Attention	3	2	1	0
Activated Prior Knowledge	3	2	1	0
Established Rationale	3	2	1	0
Presentation of Objectives	3	2	1	0
<b>LESSON CONTENT</b>				
Knowledgeable of Content & Factual Information	3	2	1	0
Well-Prepared (did not read from notes)	3	2	1	0
Organized & Logical	3	2	1	0
Comprehensive & Aligned with Objectives	3	2	1	0
Managed Time (started & ended on time)	3	2	1	0
Appropriately Used Media (PowerPoint)	3	2	1	0
<b>SUMMARY</b>				
Summarized Major Points & Related Back to Objectives	3	2	1	0
Effectiveness of Critical Thinking Activity	3	2	1	0
<b>TEACHER TACTICS</b>				
Effective Questioning Techniques & Engaged Learners	3	2	1	0
Pace & Use of Wait Time	3	2	1	0
Conveyed Enthusiasm; Appropriate Humor	3	2	1	0
<b>VERBAL &amp; NONVERBAL BEHAVIORS</b>				
Eye Contact; Facial Expressions	3	2	1	0
Movement; Gestures; Rapport	3	2	1	0
Avoided Unnecessary Words ("uh, so, ah, um, ok", etc.)	3	2	1	0
<b>TOTAL POINTS EARNED: 57 / 57 (Total Points Possible)</b>				
<b>Site Supervisor's Signature:</b>				
*NOTE: If completed by learners for feedback purposes, no signature is needed.				
<b>List Strengths of the Presentation:</b>				
WELL PREPARED, PP EASY TO FOLLOW, NOT TOO MUCH INFORMATION ALL AT ONCE. EASY TO FOLLOW ALONG WITH				
<b>List Suggestions for Improvement:</b>				



DNTH 660: STUDENT TEACHING EXPERIENCE  
TIMEFRAME FORM

Student Name: Fawn Jones

Date of Experience: 03/10/24

Lesson Plan Topic Title: Self-Care and Oral Self-Care for Health Care Providers

1. **4-5 weeks prior to student teaching experience:** Meet with site supervisor to discuss their goals and objectives for how the content will be taught to the audience (learners). Together, **schedule dates for all subsequent meetings (see numbers 2-5 below)** needed to complete this form and the student teaching experience. These meetings can be done in-person or virtually. Signatures can be obtained electronically or written.

Site supervisor's signature: Valerie F. Watts APRN, FNP-C Date: 01/25/24

2. **3-4 weeks prior:** Submit lesson plan draft and PowerPoint to site supervisor and request their feedback.

Site supervisor's signature: Valerie F. Watts Date: 02/08/24

3. **2-3 weeks prior:** Complete revisions and submit revised lesson plan & PowerPoint to site supervisor for feedback.

Site supervisor's signature: Valerie F. Watts Date: 02/24/24

4. **1 week prior:** Submit final lesson plan & PowerPoint to site supervisor for final edits.

Site supervisor's signature: Valerie F. Watts Date: 03/03/24

5. **Day of Student Teaching Experience:** On the day of your student teaching experience, have your site supervisor sign below indicating that you did your student teaching in accordance with the plans you decided on together.

Site Supervisor's signature: Valerie F. Watts Date: 03/10/24

Note: These are minimum time estimates for meeting with site supervisors. In your planning, take into consideration spring break and holidays that might be occurring at their institution.

Site Supervisor Also Completes the Following. Please circle "yes" or "no" and give comments:

- Did student submit work on time and keep appointments as scheduled?  
☒ Yes    No    Comments: PREPARED + ORGANIZED
- Did student solicit your feedback and make timely revisions according to your feedback?  
☒ Yes    No    Comments: DISCUSSED AUDIENCE + EXPECTATIONS