

# Postgraduate Student Teachers

# Assessment of Teaching Capability

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| --- | --- | --- | --- | --- |
| **Name of Student:** |  | | | |
| **School:** |  | | | |
| Teaching duties to be undertaken | | | | |
| Module |  | Total hours required | |  |
| Assessment of training needs | | | | |
|  | | | | |
| Training undertaken | | | | |
|  | | | | |
| Signed …………………………………  (Postgraduate Student) | | | Date ……………………………… | |
| Signed …………………………………  (Academic Staff Member) | | | Date ……………………………... | |