DISE AED (LBS) PRACTICUM INTERIM REPORT

Name of AED (LBS) : ____________________________
Programme & Intake : DISE AED (LBS) /
School : ____________________________

SECTION A: FOR SCHOOL
[To be completed by CT/SCM and send to NIES by Friday on the fifth week of the Practicum]

COOPERATING TEACHER’S COMMENTS

(I) TEACHING PROCESSES
I have noted the following the following AP-WS Forms (1 joint session observation by NIES and CT, 2 independent observations by CT/SCM), that is, a total of 3 forms.

Comments on areas of particular strength:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Comments on areas for improvement:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(II) PROFESSIONAL ATTRIBUTES AND WORK ETHIC CHECKLIST
Complete the checklist below by marking a “✓” based on your observation and interaction with the trainee AED (LBS) over the first 5 weeks of the practicum experience.

[Note for CT: A trainee can fail their practicum experience solely based on poor performance on professional attributes and work ethic. In such a case, the CT is required to maintain a record of (a) time and description of instances when the trainee has failed to exhibit the desired attributes, and (b) date and time of formal meeting with trainee to discuss concerns with professional attitude and work ethic.]
<table>
<thead>
<tr>
<th>Desired Attributes</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
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</thead>
<tbody>
<tr>
<td><strong>PROFESSIONAL ATTRIBUTES AND ATTITUDES</strong></td>
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<tr>
<td>Learner-Centred Values</td>
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<tr>
<td>1. Shows care and concern for pupils</td>
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<td>2. Exhibits positive regard for students of various skill levels and diverse social-cultural backgrounds</td>
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<td>Teacher Identity</td>
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<td>3. Is keen to improve through reflective practice and is responsive to advice and feedback</td>
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<td>4. Exhibits acceptable professional conduct for educators (e.g., prompt submission of WS session plans, punctual for classes and meetings)</td>
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<td>5. Projects a professional image (e.g., dresses appropriately)</td>
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<td>Service to school</td>
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<td>6. Communicates well with all school personnel, parents, and students</td>
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<td>7. Works collaboratively with colleagues</td>
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<td>8. Shows interest and takes initiative for involvement in school programmes</td>
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<tr>
<td><strong>PROFESSIONAL ATTRIBUTES AND ATTITUDES (Please tick one)</strong></td>
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<tr>
<td>☐ Excellent</td>
<td>☐ Good</td>
<td>☐ Acceptable</td>
<td>☐ Unacceptable</td>
</tr>
</tbody>
</table>

Comments on areas for improvement:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Name of CT/SCM __________________________ Signature / Date __________________________

**Trainee AED (LBS)’s COMMENTS**

I have noted the feedback provided by my CT.

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Name of Trainee AED (LBS) __________________________ Signature / Date __________________________
SECTION B: FOR NIE SUPERVISOR

[To be completed by NIES. NIES to email names of potential Distinction/Fail cases and timetable to DISE Practicum Coordinator by Friday on the sixth week of the Practicum]

Complete the following in collaboration with the SCM and CT

Trainee AED(LBS) is a potential  ☐ Distinction case  ☐ Fail case  ☐ Not a concern at this time

NIE Supervisor’s comments

This section is to be completed only for potential fail case.

If the trainee is a potential “Fail” case, please document follow up action:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name of NIES : ________________________________________________
Signature / Date : ________________________________________________