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# 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 ……………………………... |