



**INFORMATION REGARDING PRACTICE TEACHING
FOR
B.Ed. Learners of RC Delhi-2
(Please fill up in BLOCK letter as far as practicable)**

1. Name: _____ Enrolment No.
2. Address: _____

3. Phone No. with STD Code: _____
4. E-mail: _____
5. School Name & Address : _____
_____ Phone/Mobile no: .

PRACTICE TEACHING DATE WITH TIMINGS

For Elective No. 1 (ES: _____) teaching of _____
Name of Mentor _____
(Academic Qualification) _____ **Signature of Mentor** _____

Sl. No	DATE	TIME	CLASS/SECTION	TOPIC	SL. NO	DATE	TIME	CLASS/SECTION	TOPIC
1.					1.				
2.					2.				
3.					3.				
4.					4.				
5.					5.				

For Elective No. 2 (ES: _____) teaching of _____
Name of Mentor _____
(Academic Qualification) _____ **Signature of Mentor** _____

Sl. No	DATE	TIME	CLASS/SECTION	TOPIC	SL. NO	DATE	TIME	CLASS/SECTION	TOPIC
1.					1.				
2.					2.				
3.					3.				
4.					4.				
5.					5.				

Signature of Learner: _____

Signature of the head of the institution
With stamp: _____

- N.B**
1. At least 20 days before starting of practice teaching, a copy of schedule must be submitted to SC/PSC and Regional Centre.
 2. A copy of schedule must be retained with the learner also.
 3. Second schedule for Practice Teaching of rest 10-10 lesson plan must be started at least 1-2 month after completion of first phase of practice teaching. The same format may be used.

DECLARATION BY MENTOR

Here I am offering my services to become mentor of Mr. /Mrs. _____
IGNOU, B.Ed. learner having Enrolment No. _____. I will supervise his / her practice teaching and
evaluated as per appendix-2 of Student Teacher's Handbook.

Date: _____

Name: _____

Signature _____

Designation: _____

School Address: _____

N.B: This needs to be submitted by both mentors separately along with the schedule of the Practice Teaching.

DECLARATION BY THE HEAD OF THE INSTITUTION

I hereby undertake that our school will provide facilities needed for carrying out practical work in the Premises of
this secondary / higher secondary school for the purpose of B.Ed. programme enrolled by
Mr./Mrs. _____ having no. B. Ed.
_____ I shall extend due co-operation when IGNOU officers/representative will pay
surprise visit to this institute for monitoring practice teaching.

Signature of principal/ Head of
the Institution with seal

Place: _____

Date: _____

Name: _____

Signature: _____

Designation: _____

Address: _____

To be submitted by the learner along with the schedule of the Practice Teaching.