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**Primary Third Year Undergraduate and First Year Master of Teaching Professional Experience**

SELF-ASSESSMENT INTERIM REVIEW – COMPLETED BY THE PST

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| --- | --- | --- |
| **Pre-Service Teacher** |  | **Student ID:** |
| **Mentor** |  | **Learning Area:** |
| **University Liaison** |  | **Date:** |

*Please complete this independently and discuss with your mentor/s at the end of Week 2. The purpose of this review is to ensure that you can accurately assess your own performance and develop a plan for your personal development over the remaining weeks of this professional experience.*

*Please provide written reflections regarding your* ***areas of strength*** *and* ***areas needing improvement or further development****:*

***Professional Knowledge***

***Professional Practice***

***Professional Engagement***

Pre-service Teacher: Date:

***I have read this interim self-assessment.***

Mentor: Date:

**PST, please scan and email *Interim Reviews* to the university liaison on Monday of Week 3.**