



TEW SELF-EVALUATION
Form 12.10.4

Name: _____ **Date:** _____ **Location of TEW:** _____

Instructions: Based on your own experiences in the TEW and the feedback you have been given, please evaluate your strengths and learning needs in the four areas indicated below.

1. Teaching – Strengths:

Learning needs:

2. Supervision – Strengths:

Learning needs:

3. Training program design – Strengths:

Learning needs:

4. Personal style – Strengths:

Learning needs: