



UNIVERSITY OF NAIROBI
COLLEGE OF EDUCATION AND EXTERNAL STUDIES
T.P- STUDENT'S SUPERVISOR RECORD

(To be signed by zone coordinator, subject supervisor and external examiners)

Name of the school.....	Address.....	Telephone.....
Students Name.....	Reg. No.....	Area.....
Teaching Subjects.....		

	NAME OF SUBJECT SUPERVISOR	DATE	TIME	SIGNATURE
Teaching Subject (A)	1			
	2			
	3			
External examiner	4			
Teaching Subject (B)	1			
	2			
	3			
External examiner	4			

- NB***
1. It is expected that you should have three supervisions in each subject unless more supervisors are recommended by the zone coordinator.
 2. Keep this form in your lesson plan file which should be presented to supervisor on demand.
 3. Please give this form to zone coordinator at the end of the teaching practice.

Zone coordinator signature (at the end of T,P)Date.....