**Remarks of Head of Subject Area Group, Supervisor, Director or Assigned one.**

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………………………………………………………………………………………………………………..

 Signature………………………….Supervisor

 (………………………………..)

**Self-Assessment/Reflection**

 1) Result of Learning

 1.1) Number of students who pass indicator ............ Percentage ...............

 1.2) Number of students who don’t pass indicator .............Percentage...............

 1 .............................................. causes............................................................................

 2 .............................................. causes............................................................................

Solution................................................................................................................

 1.3) Gifted students...................................................................................

Developing/ Promoting..............................................................................................

 ...............................................................................................................................................

 1.4) Students gain knowledge(K) ........................................................................................................

 .............................................................................................................................................

 1.5) Students develop skills and processes(P) ......................................................................................

 .............................................................................................................................................

 1.6) Students attain morality, ethics, and desired values(A) ..................................................................

 .............................................................................................................................................

 2) Problems/Obstacles(If any) ......................................................................................................................

 3) Suggestion(if any) .....................................................................................................................

Signature...............................................................

 (………………………………….)

 Takpittayakhom School Teacher.

**Suggestions of Supervisory teacher**

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 Signature....................................... Supervisor

 (……………………………..)