附件3

新乡市2024年度综合实践活动学科优质课教师作课评价表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | |  | 年龄 |  | 教龄 |  | | 学历 | | |  | 职称 | |  |
| 单位 | | （盖章） | | | | | | | | 邮编 |  | | | | 电话 | |  | | |
| 任教年级 | | |  | | | 县（市）、区/市内学校评选课题 | | | | | |  | | | | | | | |
| 评  语 | 县（市）、区教研室盖章  （市内学校盖章）  评委负责人签字： 年 月 日 | | | | | | | | | | | | | | | | | | |
| 市级评选课题 | | | |  | | | | | | | | | | 辅导教师 | | | |  | |
| 评  语 | 市教研室盖章  评委负责人签字： 年 月 日 | | | | | | | | | | | | | | | | | | |