



Ministry of Education



Assessment Form (to be completed by supervisor)

This form is to be completed by the principal, vice-principal, or supervising official who has supervised the applicant's most recent teaching experience. An online version with interactive form fields can be found on the Teacher Regulation Branch website at www.bcteacherregulation.ca. Please make a copy for the applicant and then forward the completed form directly to the Ministry of Education Teacher Regulation Branch by post, fax or email (trb.certification@gov.bc.ca).

Applicant Name:

File # (if known)

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Name of Supervisor:

Position/Title:

School

School District/ School Authority:

Applicant's length of service in this school: Please indicate whether it was full or part time. If part time, please indicate FTE.

Grades and/or subjects taught by this applicant:

Please comment on whether the applicant's practice is governed by the following standards. Please note the applicant's strengths and any areas of concern. The headings below are meant to indicate areas of observation but in no way prescribe or limit the supervisor in their observation to the area of assessment as numbered below.

1. The applicant values and cares for all children, acting at all times in their best interests.

2. The applicant is a role model who acts ethically and honestly.

3. The applicant understands and applies knowledge of student growth and development.

4. The applicant values the involvement and support of parents, guardians, families and communities in schools.

5. The applicant implements effective practice in areas of planning, instruction, assessment, evaluation and reporting.

6. The applicant has a broad knowledge base and understands the subject areas that he/she teaches.

7. The applicant engages in career-long learning.

8. The applicant contributes to the profession.

Additional comments that the supervisor feels relevant to this application.

Supervisor Name:
(Please Print) _____

School District or Independent School Stamp

Signature: _____

Title/Position: _____

Date: _____

If no school stamp is available, please include contact information, a business card or a cover letter on school or district letterhead.

April 2015