Teacher Appraisal Form Online

Teacher Information	
Name:	
Position:	_
Department:	<u> </u>
Date:	
Self-Assessment	
Describe your teaching meth	odologies and how they support student
learning:	
•	
•	
•	
List the professional develop	ment activities you've participated in over the
past year:	
•	
•	
•	
Identify areas of your teaching	ng you'd like to improve and your plan for
doing so:	3
•	
-	

Performance Criteria

Improvement) to 5 (Outstanding).
1. Lesson Planning and Preparation
Clarity of objectives:
Relevance of materials:
Adaptability to students' needs:
2. Classroom Management
Effectiveness of classroom environment:
Student engagement techniques:
Handling of disruptions:
3. Delivery of Instruction
Clarity and accuracy of content delivery:
Use of engaging teaching methods:
Encouragement of student participation:
4. Assessment of Students
Fairness and transparency of assessments:
Timeliness of feedback:
Usefulness of feedback in promoting student learning:
5. Professionalism
Collaboration with colleagues:
Communication with parents:
Commitment to continuous learning:

Please rate the following aspects of your teaching on a scale from 1 (Needs

Goals for Next Evaluation Period

1. Short-term Goals:			
•			
2. Long-term Goals:			
•			
Administrator's Evaluation			
Comments on Performance:			
•			
•			
Recommendations for Profess	sional Development:		
•			
•			
Overall Rating:			
Evaluator's Name:			
Date:			
Teacher's Signature:	Date:		

Evaluator's Signature:	Date:	