
Teacher Feedback Form PDF

Teacher's Name: _____

Subject/Course: _____

Evaluated by: _____

Date: _____

Instruction Quality

1. How would you rate the clarity of the teacher's instruction?

- Excellent _____
- Good _____
- Average _____
- Below Average _____
- Poor _____

2. How well does the teacher use teaching aids and resources?

- Very Well _____
- Well _____
- Adequately _____
- Poorly _____
- Very Poorly _____

3. How effective is the teacher in providing feedback?

- Highly Effective _____

- Effective ____
- Neutral ____
- Ineffective ____
- Very Ineffective ____

Professionalism

4. How would you rate the teacher's professionalism?

- Excellent ____
- Good ____
- Fair ____
- Poor ____
- Very Poor ____

5. Describe the teacher's punctuality and attendance.

Suggestions for Improvement

6. What suggestions do you have for the teacher's improvement?

7. Any additional comments or observations?

Signature: _____