

Teacher Performance Assessment Form

Teacher's Name: _____

Grade/Subject Taught: _____

Date of Assessment: _____

Assessor's Name: _____

Assessment Criteria

1. Instructional Planning and Preparation

- Lesson clarity: Excellent Good Satisfactory Needs Improvement
- Adapts to student needs: Excellent Good Satisfactory Needs Improvement
- Use of instructional materials: _____

2. Classroom Environment

- Maintains a positive, productive environment: _____
- Fosters mutual respect: _____

3. Teaching and Instruction

- Communicates content effectively: _____
- Engages students in active learning: _____

4. Student Growth and Development

- Supports student progress: _____
- Encourages critical thinking: _____

5. Professional Responsibilities

- Shows commitment to continuous improvement: _____
- Collaborates with colleagues: _____

Overall Performance Rating:

Outstanding Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

Comments/Recommendations for Improvement:
