

Preschool Teacher Assessment Form

Teacher's Name: _____

Class/Group Managed: _____

Assessment Date: _____

Assessment Table:

Criteria	Excellent	Good	Needs Improvement
Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent-Teacher Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity in Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality and Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths Displayed by the Teacher:

Areas for Professional Development:

Supervisor's Comments:

Teacher's Signature: _____

Supervisor's Signature: _____

Date: _____