**Self-Assessment Form for Teachers**

**Teacher Information
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Subject(s) Taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
School/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teaching Effectiveness**

1. **What teaching strategies have been most effective in your classroom?**
2. **Which areas of teaching could you improve?**
3. **What professional development opportunities would benefit you?**

**Table for Classroom Management Skills (1 - Poor, 5 - Excellent)**

| **Skill** | **Rating** |
| --- | --- |
| **Student Engagement** | **[ ]** |
| **Lesson Planning** | **[ ]** |
| **Classroom Discipline** | **[ ]** |
| **Use of Technology** | **[ ]** |
| **Collaboration with Staff** | **[ ]** |

**Feedback Section
What resources or support do you need to enhance your teaching?**

**Acknowledgment
I affirm that the details in this assessment are accurate and reflect my teaching practices.
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**