

# 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:** \_\_\_\_\_