

TEACHER APPRAISAL FORM

TEACHER _____

SCHOOL _____

APPRaiser _____

SUBJECT/GRADE _____

DATE _____

APPRAISAL	ACCEPTABLE OR COMPETENT	NEEDS IMPROVEMENT	UNACCEPTABLE		ACCEPTABLE OR COMPETENT	NEEDS IMPROVEMENT	UNACCEPTABLE
Personal Qualities 1. Self-Control and Poise				11. Discipline			
2. Sense of Humor				12. recognition of Individual Needs			
3. Enthusiasm for Work				13. Effective Use of Teaching Aide			
4. Appearance				14. Stimulates Good Study a & Work Habits			
5. Punctuality				15. Knowledge of Subject Matter			
6. English Usage				16. Rapport With Students			
7. Positive Model				Professional Responsibility			
8. Flexibility				17. Relationships with Parents			
9. Evidence of Planning				18. Relationship with Staff			
A. Lesson Plans				19. Follows School Policies (Board & Bldg)			
B. Choice of Appropriate Materials				20. Professional Ethics			
10. Presentation of Lesson				21. Record Keeping & Recording			
A. Introduction of Lesson				22. Cooperation with Administration			
B. Skill in Questioning Techniques				23. Professional Growth			
C. Skill in Giving Approp. Assign				*na – non applicable NOTE: EITHER “NEEDS IMPROVEMENT” OR “UNACCEPTABLE” WITH SPECIFIC COMMENTS AND SUGGESTIONS FOR IMPROVEMENT.			
D. Evidence of Positive Reinforcement							
E. Lessons Reviewed & Approp.							

1. STRENGTHS

2. NEEDS IMPROVEMENT-UNACCEPTABLE

3. SUGGESTIONS FOR IMPROVEMENT

4. TEACHER'S COMMENTS

TEACHER'S SIGNATURE

DATE

APPRAISER'S SIGNATURE

DATE

THE TEACHER'S SIGNATURE INDICATES ONLY THAT HE HAS SEEN THIS APPRAISAL AND DOES NOT NECESSARILY INDICATE HE AGREES IN EVERY INSTANCE WITH THE EVALUATION.

