

## Teacher Evaluation Form

Observer \_\_\_\_\_

Announced

Unannounced

Teacher Observed \_\_\_\_\_

School Name \_\_\_\_\_

Observation Number \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Time: \_\_\_\_\_

Planning	Self Score	Remarks
Instructional Plans (IP)		
Student Work (SW)		
Assessment (ASSMT)		
Environment	Self Score	Remarks
Expectations (EX)		
Managing Student Behavior (MSB)		
Environment (ENV)		
Respectful Culture (RC)		
Instruction	Self Score	Remarks
Standards and Objectives (SO)		
Motivating Students (MS)		
Presenting Instructional Content (PIC)		
Lesson Structure and Pacing (LS)		
Activities and Materials (ACT)		
Questioning (QU)		
Academic Feedback (FEED)		
Questioning (Q)		
Grouping Student (GS)		
Teacher Content Knowledge (TCK)		
Teacher Knowledge of Students (TKS)		
Thinking (TH)		
Problem Solving (PS)		

Observer Signature \_\_\_\_\_

Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_