

### Teacher Evaluation Form

Teacher name	Date of birth	Experience years in teaching	Experience years in school
Degree	Date	Major	Number of periods
Name of training program		Date	place
1			
2			
3			
4			

**Strong points are:**

1. ....
2. ....
3. ....

**Week points are:**

1. ....
2. ....
3. ....

**General recommendations to improvement:**

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Teacher Signature:

School Principal

Academic Supervisor

School Supervisor

Score Achieved	Total Score for Each Element	Elements	
	6	Commitment in using English inside class room	<b>A. Functionality</b>
	5	Concern for Organizing and Implementing the School Activities	
	5	Interest in Cognitive Growth	
	7	Respect for Working Hours	
	7	Knowledge of Educational Foundations in the Preparation and Application of Lessons	
	7	Knowledge of Scientific Material and the Ability to Achieve its Objectives	
	7	Attention to Continuous Assessment and taking into Account Individual Differences	
	4	Distribution of Curriculum and Appropriateness of Implementation	
	4	The use of the Blackboard and Textbooks and Teaching Aids	
	5	Dexterity in the Presentation of the Lessons and Classroom Management	
	10	Knowledge Level Achievement of Students	
	5	Applications and Homework and taking care of Corrections	
	72	<b>Total</b>	
	4	General Behavior (Good Role Model)	<b>B. Personal characteristics</b>
	4	Estimate Responsibility	
	4	Accepts Directives	
	4	Good behavior	
	16	<b>Total</b>	
	4	President	<b>C. Relationship .with</b>
	4	Colleagues	
	4	Students and Parents	
	12	<b>Total</b>	
	100	<b>Total Score</b>	