

Teacher Evaluation Report

Chapman Public Schools

Teacher:
School:
Evaluator:

Teaching Assignment:
School Year:
Date(s) of Observation(s):

Area 1: Instructional Skills

Evaluation Areas	Met	In Progress	Not Met	N/A
A. Lesson plans and materials are well prepared and presented effectively.				
As evidenced by:				
B. Manages time wisely.				
As evidenced by:				
C. Organizes and manages students for effective instruction/ learning.				
As evidenced by:				
D. Demonstrates knowledge and enthusiasm of subject matter.				
As evidenced by:				
E. Demonstrates knowledge of varied strategies/materials and incorporates them into instruction.				
As evidenced by:				
F. Sets high expectations and motivates students to reach them.				
As evidenced by:				

Comments:

Teacher's Name: _____

Date: _____

Area II: Professional Qualities

Evaluation Areas	Met	In Progress	Not Met	N/A
A. Demonstrates professional growth and development				
As evidenced by:				
B. Demonstrates and performs employee responsibilities				
As evidenced by:				
C. Demonstrates professional behavior.				
As evidenced by:				
D. Maintains positive interpersonal relationships				
As evidenced by:				

Comments:

Area III: Results and Performance

Evaluation Areas	Met	In Progress	Not Met	N/A
A. Evaluates students' progress and remediates or enriches when applicable.				
As evidenced by:				
B. Teaches the objectives outlined in the district curriculum/state standards (school improvement plan).				
As evidenced by:				
C. Uses a variety of assessments, which demonstrate an understanding of the learner.				
As evidenced by:				
D. Provides student/parents with specific feedback in a timely manner.				
As evidenced by:				

Comments:

Teacher's Name: _____

Date: _____

Area IV: Safe and Orderly Environment

Evaluation Areas	Met	In Progress	Not Met	N/A
A. Upholds district and building policies and procedures.				
As evidenced by:				
B. Provides supervision.				
As evidenced by:				
C. Reinforces positive behavior.				
As evidenced by:				

Comments:

Teacher's Name: _____

Date: _____

Additional general comments and recommendations:

Staff member comments:

District Administrator's Signature

Date

Staff Member's Signature

Date

Evaluator's Signature

Date

(Staff member's signature indicates that the above evaluation has been read)

Date Designated for Review