

Employee Performance Assessment Form for Teachers

Teacher Information			
Name:	<input type="text"/>	Position:	<input type="text"/>
Department:	<input type="text"/>	Date:	<input type="text"/>

Criteria	Excellent	Good	Needs Improvement	Comments
Subject Matter Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Teaching Methods and Strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Classroom Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Student Engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Professional Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Strengths
<input type="text"/>

Areas for Improvement
<input type="text"/>

Recommended Actions
<input type="text"/>

Evaluator Name:

Signature: Date: