

TEACHER EVALUATION (Open to the candidate)
Placement Bureau
Winona, MN 55987
(For Special Education Only)

WINONA STATE UNIVERSITY

Name _____ Period of Supervision _____

School(s) _____ City _____

Grade Level(s) _____ Type of Service Delivery _____

Student Classification _____

This form implies that there is a continuous need for growth regardless of rating given. Place an X over a number from 1-9 to describe teacher performance. Additional comments in the spaces provided will expand upon numerical ratings.

CONTINUUM

Excels 7-9	Performance is above and beyond that which is expected.
Achieved 4-6	Performance is acceptable but not exceeding that which is expected.
Needs Improvement 1-3	Performance indicates the need for additional time and effort to achieve that which is expected.

THE INSTRUCTIONAL PROCESS

Demonstrates appropriate preparation for classroom instruction	1	2	3	4	5	6	7	8	9
Implements a variety of effective teaching techniques	1	2	3	4	5	6	7	8	9
Provides opportunities for individual differences	1	2	3	4	5	6	7	8	9
Demonstrates a knowledge of subject matter	1	2	3	4	5	6	7	8	9
Demonstrates the ability to communicate effectively with students	1	2	3	4	5	6	7	8	9
Demonstrates the ability to communicate effectively with staff	1	2	3	4	5	6	7	8	9
COMMENTS:	1	2	3	4	5	6	7	8	9

CLASSROOM MANAGEMENT

Demonstrates ability to motivate students	1	2	3	4	5	6	7	8	9
Organizes classroom environment to promote learning	1	2	3	4	5	6	7	8	9
Manages student behavior in a constructive manner	1	2	3	4	5	6	7	8	9
COMMENTS:									

PERSONALITY

Exhibits those personal characteristics which enhance the relationship between teacher and students and contribute to successful teaching

COMMENTS:

1 2 3 4 5 6 7 8 9

INTERPERSONAL RELATIONSHIPS

Demonstrates positive interpersonal relationships with students

1 2 3 4 5 6 7 8 9

Demonstrates positive interpersonal relationships with staff

COMMENTS:

1 2 3 4 5 6 7 8 9

PROFESSIONALISM

Exhibits a responsible and professional attitude toward the educational process

1 2 3 4 5 6 7 8 9

COMMENTS:

SUMMARY STATEMENT OF EVALUATION

Date _____ Evaluator _____ Position _____

Address _____

Signature _____

