

Annual Teacher Performance Evaluation Form

Teacher Information

Name

Department

Position

Evaluation Date

Evaluation Criteria

Criteria	Excellent	Good	Average	Needs Improvement	Comments
Classroom Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Subject Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Instructional Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Strengths

Areas for Improvement

Overall Comments

Evaluator Information

Evaluator Name

Position