

# ESL Teacher Evaluation Form

Teacher Name

Date

Evaluator Name

Class / Level

Number of Students

## Evaluation Criteria

| Criteria                        | Rating               | Comments             |
|---------------------------------|----------------------|----------------------|
| Lesson Planning and Preparation | <input type="text"/> | <input type="text"/> |
| Classroom Management            | <input type="text"/> | <input type="text"/> |
| English Language Proficiency    | <input type="text"/> | <input type="text"/> |
| Instructional Strategies        | <input type="text"/> | <input type="text"/> |
| Student Engagement              | <input type="text"/> | <input type="text"/> |
| Assessment and Feedback         | <input type="text"/> | <input type="text"/> |
| Professionalism                 | <input type="text"/> | <input type="text"/> |

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## Strengths

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## Areas for Improvement

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## Additional Comments

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Evaluator Signature

Date

Teacher Signature

Date