

High School Science Teacher Evaluation Form

Teacher's Name

Evaluator's Name

Date of Evaluation

Course/Subject

Evaluation Criteria

Criteria	Needs Improvement	Satisfactory	Good	Excellent
Knowledge of Subject	<div></div>	<div></div>	<div></div>	<div></div>
Lesson Preparation	<div></div>	<div></div>	<div></div>	<div></div>
Classroom Management	<div></div>	<div></div>	<div></div>	<div></div>
Communication Skills	<div></div>	<div></div>	<div></div>	<div></div>
Student Engagement	<div></div>	<div></div>	<div></div>	<div></div>
Assessment & Feedback	<div></div>	<div></div>	<div></div>	<div></div>
Professionalism	<div></div>	<div></div>	<div></div>	<div></div>

Teacher Strengths

Areas for Improvement

Additional Comments

Evaluator's Signature

Teacher's Signature

