

Physical Education Teacher Assessment Form

Teacher Name

Assessment Date

Assessor Name

Criteria	Rating (1-5)	Comments
Lesson Planning & Preparation	<div></div>	<div></div>
Instructional Delivery	<div></div>	<div></div>
Classroom Management	<div></div>	<div></div>
Student Engagement	<div></div>	<div></div>
Assessment of Student Performance	<div></div>	<div></div>
Professionalism	<div></div>	<div></div>

Overall Comments

Assessor Signature

Date

