

# Teacher-Student Communication Skills Evaluation Form

Teacher Name

Student Name

Date

Criteria	Excellent	Good	Average	Poor
Clarity of Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect and Empathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraging Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments

Evaluator Name