

**TEACHER EVALUATION REPORT TO
THE SUPERINTENDENT/CEO**

TEACHERS WITH ONE OR MORE YEARS IN THE DIVISION

SCHOOL _____

TEACHER _____

GRADE(S) TAUGHT _____ SUBJECTS
TAUGHT _____**COMPONENTS OF EVALUATION:**Rate each of the categories below with a **✓** using the following guide.**Descriptors****Distinguished** – exceeds position requirements in field of professional teaching.**Proficient** – meets position requirements for professional teaching.**Unsatisfactory** – not acceptable. Performance needs upgrading.**N/A** – does not apply**DOMAIN 1: PLANNING AND PREPARATION**

1a Knowledge of Subject Matter and Resources

1b Knowledge of Students

1c Selecting Instructional Goals

1d Designing Effective Instruction

	U	P	D	N/A
1a				
1b				
1c				
1d				

COMMENTS:**DOMAIN 2: THE EDUCATIONAL ENVIRONMENT**

2a Creating an Environment of Respect and Rapport

2b Establishing a Culture for Learning

2c Managing Classroom Procedures

2d Managing Student Behaviour

2e Organization

	U	P	D	N/A
2a				
2b				
2c				
2d				
2e				

COMMENTS:



DOMAIN 3: INSTRUCTION

- 3a Communication with Students
- 3b Using Questions and Discussion Techniques
- 3c Engaging Students in Learning
- 3d Demonstrating Flexibility and Responsiveness

	U	P	D	N/A
3a				
3b				
3c				
3d				

COMMENTS:

DOMAIN 4: ASSESSMENT

- 4a Designing and Managing
- 4b Interpreting and Applying

	U	P	D	N/A
4a				
4b				

COMMENTS:

DOMAIN 5: PROFESSIONAL RESPONSIBILITIES

- 5a Reflections on Teaching
- 5b Professional Growth and Development
- 5c Professional Communication
- 5d Professional Responsibilities

	U	P	D	N/A
5a				
5b				
5c				
5d				

COMMENTS:

OVERALL RATING:

- ☐ Satisfactory
☐ Unsatisfactory

EVALUATOR'S COMMENTS:

Items checked "distinguished" or "unsatisfactory" require comments. If space is insufficient, please attach additional pages as needed.



TEACHER'S PROFESSIONAL DEVELOPMENT GOAL(S):

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CLASSROOM OBSERVATIONS:

Listing of dates **and** name of evaluator for formal classroom observations:

Date	Name of Evaluator	Date	Name of Evaluator	Date	Name of Evaluator

DATE

SIGNATURE(S) OF EVALUATOR(S)

TEACHER'S COMMENTS:

This confirms that I have had the time and opportunity to discuss this report with the evaluator and to attach my comments.

DATE

SIGNATURE(S) OF TEACHER

~~Revised 25-Jun-13 Motion 12-12-13~~

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