

**TEACHER EVALUATION REPORT TO  
THE SUPERINTENDENT**

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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