 **Teacher Evaluation Form**

**Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Observing subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Observing type Formal/Informal**

*Administrators please make a copy of the observation form and give the original copy to the teacher. Also, please upload a copy of the observation form to the IBST Team Drive.*

1. **Teaching Effectiveness**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria | Highly Effective | Effective | Needs Improvement | Does Not Meet Standard |
| The lesson meets the objectives. |  |  |  |  |
| Lesson taught covers the intended standards. |  |  |  |  |
| Teacher checks for student understanding. |  |  |  |  |
| Teacher gives feedback to students for better understanding. |  |  |  |  |

1. **Classroom Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria | Highly Effective | Effective | Needs Improvement | Does Not Meet Standard |
| Students understand what is expected of them. |  |  |  |  |
| Students are involved, attentive and focused. |  |  |  |  |
| Classroom procedures are well-known and distractions are minimal. Time is managed well. |  |  |  |  |
| Students feel comfortable asking questions in a safe environment.  |  |  |  |  |

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| --- | --- |
| Strength  | Need to follow up |
|  |  |

Teacher Evaluation Pictures

Dates:

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