

Teacher Annual Performance Evaluation Form

Teacher Information

Full Name:

Position/Title:

Department/Subject:

Evaluation Period:

Evaluator Name:

Evaluation Date:

Performance Criteria

Criteria	Rating	Comments
Instructional Skills	<input type="text"/>	<input type="text"/>
Classroom Management	<input type="text"/>	<input type="text"/>
Subject Knowledge	<input type="text"/>	<input type="text"/>
Communication Skills	<input type="text"/>	<input type="text"/>
Professionalism	<input type="text"/>	<input type="text"/>

Overall Comments

Employee Acknowledgement

I acknowledge that I have reviewed this evaluation and discussed its content with my evaluator. My signature does not necessarily imply agreement.

Teacher's Signature:

Date:

Evaluator's Signature

Evaluator's Signature:

Date: