

**TEACHER EVALUATION-PLEASANTON USD 344**

**NAME** \_\_\_\_\_

**SUBJECT/GRADE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**DATE** \_\_\_\_\_

<b>PLANNING AND PREPARATION</b>	<b>MET</b>	<b>NOT MET</b>	<b>DNO</b>
<b>Knowledge of Content</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Setting Instructional Outcomes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Knowledge of Resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Frequency of Student Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

<b>CLASSROOM ENVIRONMENT</b>	<b>MET</b>	<b>NOT MET</b>	<b>DNO</b>
<b>Creating an Environment of Respect and Rapport</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Managing Classroom Procedures</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Managing Student Behavior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Organization of Classroom</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

<b>INSTRUCTION</b>	<b>MET</b>	<b>NOT MET</b>	<b>DNO</b>
<b>Communicates with Students</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Uses Varying Techniques Of Instruction</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Using Assessments to Guide Instruction</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Demonstrates Flexibility/Differentiation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Integrates Technology into Classroom Instruction</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			

<b>PROFESSIONAL RESPONSIBILITES</b>	<b>MET</b>	<b>NOT MET</b>	<b>DNO</b>
<b>Maintains Accurate Records</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communicates with Parents/Guardians</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Collaboration among Professional Staff</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Grows and Develops Professionally</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			

**AREAS IN WHICH THE TEACHER SHOWS STRENGTH:**

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**AREAS IN WHICH THE TEACHER NEEDS IMPROVEMENT:**

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**TEACHER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**Signature on this form signifies knowledge of its content, not necessarily agreement.**

**PRINCIPAL SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_