

TEACHER FEEDBACK FORM

Teacher Information:

Full Name: _____

Subject(s) Taught: _____

Grade Level(s): _____

School Name: _____

Student Information:

Full Name: _____

Grade Level: _____

Observation Period:

Term/Semester: _____

1. Instructional Skills

Evaluate the teacher's effectiveness in delivering lessons, clarity of explanations, and ability to engage students.

2. Classroom Management

Assess the teacher's ability to maintain a positive learning environment and manage student behavior.

3. Subject Knowledge

Comment on the teacher's expertise and command over the subject matter.

4. Communication Skills

Provide feedback on the teacher's communication with students, parents, and colleagues.

5. Use of Technology

Describe the teacher's integration of technology to enhance learning.

6. Professionalism

Evaluate punctuality, preparedness, and adherence to school policies.

7. Strengths

Highlight notable strengths and positive attributes.

8. Areas for Improvement

Identify areas where the teacher could improve.

9. Additional Comments

Any other relevant feedback or observations.

Evaluator's Signature

Teacher's Signature

Signature: _____

Signature: _____

Legal Notice:

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