SCHOOL DISTRICT NO. 23

CENTRAL OKANAGAN
"Together We Learn"

TEACHER PERFORMANCE APPRAISAL

Date_____

Name_____
(surname) (given names)

School _____

Grades and/or subjects taught and/or position held _____

_____

Appointment (cont., temp., etc.)_____ Certificate_____

Evaluator's Name _____ Evaluator's Title_____

FORMAT (FULL APPRAISALS)

- Data Collection
- Assignment
- Classroom Management and Teacher-Pupil Relationships
- Knowledge of Subject Matter
- Preparation and Planning
- Instructional Skills
- Measure of Achievement and Management of Records
- Human Relations and Personal Traits
- Professional Growth
- Commendations
- Recommendations
- Summary Comments
- Evaluative Statement

This performance appraisal is made in compliance with Board policy. In my opinion the learning situation in this teacher's classroom is *satisfactory_____ less than satisfactory ____*. In my opinion the overall performance of this teacher is s*atisfactory_____ less than satisfactory____*.

_____ _____
Teacher's Signature Evaluator's Signature
(acknowledging receipt of the appraisal)

Appraisal Original : Human Resources
Appraisal Copies : Teacher
: School Principal's File
: Board of Education and/or the College of Teachers by the Superintendent on request