

Secondary Occasional Teacher Evaluation
Short Term
(less than 10 consecutive days)

Name _____ Subject/Grade _____
 School _____ Date of Classroom Observation _____
 Evaluator _____ Start Date of Assignment _____

A. Competencies

Satisfactory [S] Development Needed [DN] Unable to Comment [UC]

	S	DN	UC
Planning and Preparation			
• adheres to lesson plans and other instructions left by the teacher			
• adapts plans to classroom realities			
• shows flexibility and good judgment when dealing with planning			
Classroom Management			
• treats all students with respect and fairness			
• adheres to established school routines and follows routines left by the teacher			
• uses effective classroom management skills			
• addresses discipline problems			
• leaves classroom in safe condition			
Instructional Practices			
• provides clear written/oral instructions			
• monitors student progress with lessons			
• provides assistance to students as needed			
• provides feedback to returning teacher			
Professional Qualities			
• is punctual			
• communicates effectively			
• shows initiative			
• completes assigned responsibilities and follows school routines			
• interacts with and encourages student learning			
• is professional with staff and students			
• demonstrates adequate knowledge of subject material (where certificated)			
Overall Rating:	Satisfactory <input type="checkbox"/> - Development Needed <input type="checkbox"/>		

B. Comments

Evaluator's Comments: (Anecdotal notes on competencies in Part A, suggestions for improvement)	
Evaluator's Name:	Position:
Evaluator's Signature:	Date:
Occasional Teacher's Comments:	
This is to certify that I have read this report and have received a copy <input type="checkbox"/>	
I have attached additional comments/documentation <input type="checkbox"/>	
Occasional Teacher's Name:	
Occasional Teacher's Signature:	Date:

Original: Employee Services – Occasional Teaching
Copy: Occasional Teacher
Principal