

Elementary Occasional Teacher Evaluation
Short Term
(less than 15 consecutive days)

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

A.

	Satisfactory [S]	Needs Improvement [NI]	Not Applicable [NA]
Planning and Preparation	S	NI	NA
• adheres to plans left, routines, schedules			
• adapts plans to classroom realities			
• assumes planning responsibilities if necessary			
• shows flexibility and good judgment when dealing with planning			
Classroom Management			
• maintains established routines			
• uses effective classroom management skills			
• addresses discipline problems			
• leaves classroom in acceptable condition			
Instructional Practices			
• provides clear instructions			
• monitors student progress with lessons			
• provides assistance to students as needed			
• completes marking if required			
• provides feedback to returning teacher			
Professional Qualities			
• is punctual			
• communicates effectively			
• shows initiative			
• completes assigned responsibilities			
• interacts with and motivates students to learn			
• is professional with staff and students			
Overall Rating: Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/>			

Evaluator's Comments:	
I have attached recommended/improvement strategies <input type="checkbox"/>	
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