

406.08E1 Teacher Evaluation Form

Friday, August 11, 2023

BANNER COUNTY SCHOOL TEACHER EVALUATION FORM

Teacher_____

Position_____

Administrator_____

Date_____

***Where “deficiencies” are noted on this form, it means that the teacher’s performance in that area is unsatisfactory and fails to meet District standards.

1. Instructional Performance

Strengths---

***Deficiencies---

Suggestions for Improvement---

Timeline---

2. Classroom Organization and Management

Strengths---

***Deficiencies---

Suggestions for Improvement---

Timeline---

3. Personal and Professional Conduct

Strengths---

***Deficiencies---

Suggestions for Improvement---

Timeline---

All deficiencies must be remedied before a recommendation of contract for the following year can be made. Suggestions for improvement and a time line for implementation of suggestions will be provided to the teacher.

Recommendations for the 20__ - 20__ school year-to be completed for the second semester evaluation only

___ Renewal of Teaching Contract

___ Amendment of Teaching Contract

___ Nonrenewal of Teaching Contract Administrator's
Signature_____

Date_____

Teacher's Signature_____

Date_____

Your signature above verifies only that you have had an opportunity to read and discuss the contents of this evaluation. If you wish to attach your view of any of the information stated, please do so in writing within two weeks of signing the document.