

## Teacher Evaluation Form

Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:** Circle **Y** (yes) if the statement is always or usually true.  
 Circle **N** (no) if the statement is never or seldom true.  
 In multiple choice statements, **check (✓)** the appropriate space.

1. The objectives for this lesson were clear to me ..... Y N
2. This teacher speaks clearly ..... Y N
3. This teacher explains things clearly ..... Y N
4. This teacher is stimulating and interesting to listen to ..... Y N
5. The material presented was well organized ..... Y N
6. This teacher assumes the students know more than they actually do ..... Y N
7. This teacher seems to understand the subject matter ..... Y N
8. This teacher encourages participation ..... Y N
9. This teacher's explanations are:
  - a. \_\_\_\_\_ too technical
  - b. \_\_\_\_\_ too simplified
  - c. \_\_\_\_\_ satisfactory
10. Time spent on lecturing:
  - a. \_\_\_\_\_ too much
  - b. \_\_\_\_\_ too little
  - c. \_\_\_\_\_ satisfactory
11. The class (under this teacher) was paced:
  - a. \_\_\_\_\_ too fast
  - b. \_\_\_\_\_ too slow
  - c. \_\_\_\_\_ satisfactory

**Overall Evaluation:**

1. Outstanding features of this teacher's teaching:
  
2. Weaknesses in this teacher's teaching:
  
3. Suggestions for improvement: