

Performance Evaluation Input Form on a **TEACHER**

The following performance input tool will be forwarded to the appropriate supervisor of the individual upon whom you are commenting. The form may be shared with that individual. The input may be utilized by the supervisor in better understanding how others view the performance of the individual upon whom you are commenting.

I am a: Student Parent Certified ASD employee Community Member Non-Certified ASD employee

1. Name of the employee on whom you are providing input: _____
2. Employment location of the employee on whom you are providing input: _____
3. Direct supervisor of the employee on whom you are providing input (if known): _____
4. (required) I have observed the employee's job performance in the classroom.
 A great deal Frequently Somewhat Never

I would categorize the employee's job performance in the following standards as:

- 5.. *The teacher teaches students with respect for their individual and cultural characteristics.*
 Excellent Good Competent Poor Very poor Not observed I don't know

Comments about statement number five (optional):

6. *The teacher knows their content area and how to teach it.*
 Excellent Good Competent Poor Very poor Not observed I don't know

Comments about statement number six (optional):

7. *The teacher facilitates, monitors, and assesses student learning.*
 Excellent Good Competent Poor Very poor Not observed I don't know

Comments about statement number seven (optional):

8. *The teacher creates and maintains a learning environment in which all students are actively engaged and contributing members.*
 Excellent Good Competent Poor Very poor Not observed I don't know

Comments about statement number eight (optional):

9. *The teacher works as a partner with parents, families, and the community.*
 Excellent Good Competent Poor Very poor Not observed I don't know

Comments about statement number nine (optional):

10. (optional) Please provide any additional input about the employee's job performance you would like to share with his/her supervisor (use the back if this is a hard copy form and you need more space).

Date submitted: _____ Name (optional) _____

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Routing: Return to supervisor. If unknown, please send to the ASD Human Resources Department