

SOUTHERN CALIFORNIA CONFERENCE
OFFICE OF EDUCATION

Teacher Evaluation Summary

Teacher's Name _____ School Name _____

Class/Subject Area observed _____ Date _____

OBSERVATIONS:

- I. Instructional Performance

- II. Classroom Management

- III. Classroom Environment

- IV. Personal and Professional Qualities

- V. Working with People

COMMENDATIONS:

RECOMMENDATIONS:

SUMMARY:

Teacher's Signature _____ Date _____

Evaluator's Signature _____ Date _____

(Signature of the teacher acknowledges receipt of this document and does not imply agreement with all statements. The teacher is encouraged to write any comments, disagreements, explanations, or amendments below or on an additional sheet to be attached to this document.)