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## 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:
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