

**EVANGELINE PARISH**  
**TEACHER**  
**EVALUATION**

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade or Subject: \_\_\_\_\_

\_\_\_\_\_ 0 – 3 Years of Experience Evaluation Period \_\_\_\_\_  
\_\_\_\_\_ 4 + Years of Experience

Evaluator: \_\_\_\_\_

Final evaluation rating is based on not only observation(s) but any documented evidence of performance through the evaluation period.

I. Personal and Professional Qualities/Responsibilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Category Rating     S    NI    U

II. Learning Environment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Category Rating     S    NI    U

III. Lesson Preparation and Planning

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Category Rating     S    NI    U

IV. Instruction

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Category Rating      **S**    **NI**    **U**

V. School Improvement

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Category Rating      **S**    **NI**    **U**

A conference was held on \_\_\_\_\_ with the employee. The entire evaluation was discussed.

**Overall Rating:** \_\_\_ **Satisfactory**    \_\_\_ **Needs Improvement**    \_\_\_ **Unsatisfactory**

Signatures below do not indicate agreement or disagreement with the above report.

\_\_\_\_\_  
Evaluator/Date

\_\_\_\_\_  
Teacher/Date

Teacher Comments: \_\_\_\_\_

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