

OLD DOMINION UNIVERSITY

DARDEN COLLEGE OF EDUCATION AND PROFESSIONAL STUDIES

EVALUATION OF TEACHER CANDIDATE BY SCHOOL ADMINISTRATOR

Teacher Candidate [Click here to enter text.](#)

UIN [Click here to enter text.](#)

Year [Click here to enter text.](#) Semester [Click here to enter text.](#) Student Status [Click here to enter text.](#)

Name of School Administrator [Click here to enter text.](#)

School Division [Click here to enter text.](#)

School [Click here to enter text.](#)

Judging the teacher candidate as a developing professional, please rate him/her on each item using the following scale:

3 = Meets expectations: Teacher candidate typically and routinely displays behavior requested with quality.

2 = Needs improvement: Teacher candidate requires assistance displaying behavior or is inconsistent with demonstrating behavior.

1 = Unacceptable: Teacher candidate does not perform expected behavior

0 = Not Observed: Teacher candidate has not had the opportunity to demonstrate behavior during observation period.

	3	2	1	0
1. Professional Demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Knowledge of Rules and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Responsiveness/Self-Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Parent/Guardian Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Student Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Teaching Plans and Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Classroom Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Assessment and Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Student Responses to Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: [Click here to enter text.](#)

\*Recommend for hire:  Yes  No

Complete this question if observed after the mid-term point

Signature of School Administrator \_\_\_\_\_ Date [Click here to enter a date.](#)

Position [Click here to enter text.](#)

Signature of Teacher Candidate \_\_\_\_\_ Date [Click here to enter a date.](#)