

LONG TERM OCCASIONAL TEACHER SUPERVISION

LONG TERM OCCASIONAL TEACHER: _____

EMPLOYEE NUMBER: _____

School: _____

Date: _____

It is expected that an evaluation will be completed within the first month of the contract. In cases where performance falls below expectations, it is presumed that these issues would be discussed with the Occasional Teacher and some detail would be provided on the reverse of this form.

EXPECTATIONS:	BELOW	MEETS	EXCEEDS
1. Classroom Management	_____	_____	_____
2. Teacher-Student Relations	_____	_____	_____
3. Planning Skills	_____	_____	_____
4. Instructional Methodology	_____	_____	_____
5. Subject Competency	_____	_____	_____
6. Contribution to Total School Effort	_____	_____	_____
7. Special Education /Integration	_____	_____	_____
OVERALL RATING :	_____	_____	_____

COMMENTS: (Further comment may be made on the back of this form.)

Signature of Administrator: _____ Date _____

Signature of Occasional Teacher: _____

Please return to Teacher Personnel for inclusion in personnel file