

TEACHER EVALUATION FORM

Course Name: _____ Course Code: _____

Instructor Name: _____ Department: _____

Student Information:

Full Name: _____

Student ID: _____

Evaluation Criteria:

1. Knowledge of Subject Matter

| | | | |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|-----------|------|------|------|

2. Clarity of Presentation

| | | | |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|-----------|------|------|------|

3. Engagement with Students

| | | | |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|-----------|------|------|------|

4. Availability Outside Class

| | | | |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|-----------|------|------|------|

5. Use of Teaching Aids and Materials

| | | | |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|-----------|------|------|------|

6. Fairness of Grading

| | | | |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|-----------|------|------|------|

7. Encouragement of Critical Thinking

| | | | |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|-----------|------|------|------|

8. Responsiveness to Feedback

| | | | |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|-----------|------|------|------|

9. Classroom Management

| | | | |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|-----------|------|------|------|

10. Overall Effectiveness

| | | | |
|-----------|------|------|------|
| Excellent | Good | Fair | Poor |
|-----------|------|------|------|

Comments:

| |
|--|
| |
|--|

Student Declaration:

I hereby declare that the information provided in this evaluation is my honest and unbiased assessment of the instructor's performance. I understand that this evaluation is confidential and will be used solely for academic and teaching improvement purposes in accordance with applicable United States laws.

Student Signature: _____ **Date:** _____

Evaluator (if different from student):

Full Name: _____

Position: _____

Signature: _____ **Date:** _____

STUDENT SIGNATURE

EVALUATOR SIGNATURE

Signature: _____

Signature: _____

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