

**MINISTRY OF EDUCATION
EVALUATION FORM – PRIMARY SCHOOL TEACHER
ER 87 (3), S.I. 87 of 2012**

This form is to be completed by Primary School students of Standards 4, 5 & 6.

Teacher's Name:			
School:		Subject:	
Class Level:		Date:	

Instructions: For each of the following statements use the Key below to describe your learning experience in this teacher's class. Place a check mark (✓) in the box under the number that best describes your experience.

Key: 5 – Always 4 – Most of the time 3 – Some of the time 2 – A few times 1 – Not at all

	5	4	3	2	1
Teaching: When this teacher teaches, he/she ...					
Speaks clearly using words that are easy to understand					
Uses clear, easy to understand instructions					
Uses different ways to help me learn					
Encourages everyone to participate in the lesson					
Uses different ways to find out what we have learnt					
Learning Environment: In this teachers' classroom ...					
The class time is used efficiently					
There are clear rules and procedures being followed					
Charts and other learning materials are used to support what is being taught					
I am encouraged and feel comfortable to share my ideas in class					
The learning environment is attractive and interesting					
Relating: This teacher ...					
Respects and treats everyone fairly					
Encourages me to do well in class					
Uses real-life examples to help me understand what is being taught					
Gives me regular feedback on how I am performing in class					
Is always willing to give me extra assistance where necessary					
Comments:					