

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

This form is to be completed by Secondary School students of Forms 1, 2, 3 & 4.

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
<b>Teaching:</b> When this teacher teaches, he/she ...					
Gives clear instructions using language that I can understand					
Appears to be knowledgeable and skilled in the subject area					
Uses a variety of teaching strategies to help me learn					
Asks questions and uses questioning techniques that challenge me to think					
Uses a variety of testing methods to measure my performance					
Uses a variety of teaching aids and resources effectively					
<b>Learning Environment:</b> In this teachers' classroom ...					
Lesson activities are well-organized and easy to follow					
Student behavior is managed effectively					
Time is used efficiently					
I am encouraged and feel comfortable to share my ideas					
Our individual differences (ethnicity, language, gender, etc.) are respected					
<b>Relating:</b> This teacher ...					
Appears to be enthusiastic about what he/she is teaching					
Uses real-life examples to help me understand what is being taught					
Encourages student interaction, discussions and individual participation					
Provides me with timely feedback about my performance					
Willingly gives me additional assistance when necessary					
<b>Comments:</b>					