

SOUTHERN CALIFORNIA CONFERENCE
OFFICE OF EDUCATION

Teacher Self-Evaluation

Please fill out what you feel are your strengths and weaknesses. Be as specific as you can with each item. Have a copy ready for your evaluator on the day of your evaluation. See Teacher Competency Objectives for ideas. Thank-you!

Teacher's Name _____ School Name _____

Class/Subject Area observed _____ Date _____

I. Instructional Performance

My Strengths:

I want to Improve:

II. Classroom Management

My Strengths:

I want to Improve:

III. Classroom Environment

My Strengths:

I want to Improve:

IV. Personal and Professional Qualities

My Strengths:

I want to Improve:

V. Working with People

My Strengths:

I want to Improve:

Teacher's Signature _____

Date _____

Evaluator's Signature _____

Date _____