

Teacher Performance Feedback Form

Dear School Representative

Thank you for taking a brief moment to complete this feedback, and returning it to Resource Ed Personnel by fax on 9752 4177.

To assist in Teacher Development, Support and Quality of Service to client schools and our relief teachers, your feedback on the teacher's contribution is very much appreciated.

Please complete the following:

NAME OF TEACHER: Date of Placement:/...../.....

NAME OF SCHOOL:

Name of Authorised School Representative:

Position in the School:

Direct Contact Phone Number (for validation): Signature:

1. Professional Attitude and Conduct:

Exceptional Excellent Very Good Satisfactory Disappointing Inappropriate

2. Classroom Effectiveness:

Exceptional Excellent Very Good Satisfactory Of Concern Poor

3. Return Score:

< As Often As Possible 5 4 3 2 Never Again > 1

Comments: (Optional)

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Teachers:

1. Ask an authorised school representative to complete this form and to clarify interpretations with you.
2. Ensure that this form is faxed to the Schools Director at Resource Ed Personnel on 9752 4177.
3. Please sign to certify that this is a true school summary report, which you may retain for your portfolio data purposes.

Teacher Signature: