APPENDIX A

OCCASIONAL TEACHER EVALUATION TEMPLATE

Occasional Teacher's Name (First and Last)	**Term of Assignment** (Start Date to End Date)
	to
Description of Occasional Teacher's Assignment	
Name of School	**Principal's Name** (First and Last)

Meeting and Classroom Observation Dates (yyyy/mm/dd)					
Overview:		Classroom Observation:		De-brief:	

See Procedure 1.2.9, Section 2.0 for instructions:

Domains Considered in the Evaluation:
Commitment to Pupils and Pupil Learning / Professional Knowledge / Teaching Practice

Performance Expectations	**Development Needed**	**Meets Expectations**
Creates a safe and inclusive learning environment	☐	☐
Models and promotes positive and respectful student interactions	☐	☐
Demonstrates effective classroom management strategies	☐	☐
Demonstrates knowledge of the Ontario curriculum	☐	☐
Plans and implements meaningful learning experiences for all students	☐	☐
Differentiates instructional and assessment strategies based on student needs, interests and learning profiles	☐	☐
Utilizes a variety of evidence–based assessment and evaluation strategies	☐	☐

Comments:

Outcome of Evaluation

☐ **Satisfactory**	☐ **Unsatisfactory**
Recommendations for Professional Growth:	
Additional Comments (optional):	

Principal's Signature

My signature indicates that this evaluation was conducted in accordance with the requirements of the Occasional Teacher Evaluation Policy (1.2.9).

	Date (yyyy/mm/dd)

Occasional Teacher's Signature

My signature indicates the receipt of this evaluation.

	Date (yyyy/mm/dd)

Occasional Teacher's Comments on the Evaluation (optional):