

HUMAN RESOURCES DEPARTMENT

115 S. Ludlow Street
Dayton, OH 45402

RESERVE TEACHER ASSESSMENT

To be completed by principal or assistant principal:

Name of Reserve Teacher: _____ School: _____

Date(s) of observation: _____ Number of days: _____

Grade or Subject:

Your opinion of teacher's success: **PLEASE CIRCLE ONE**

Satisfactory

Unsatisfactory*

The following assessment is based on _____ minutes of observation.

COMMENTS:

Principal or Assistant Principal Signature

To be completed by Reserve Teacher: **YES** **NO**

- 1. Did you receive instructions from the school office upon arrival? _____
- 2. Was a seating chart or class list available? _____
- 3. Were lesson plans available? _____

COMMENTS:

Date _____

Reserve Teacher Signature

*If an Unsatisfactory rating is given, the evaluator **must** attach written reason **and** recommendations for improvement.