Catholic Diocese of Biloxi



DEPARTMENT OF EDUCATION

Seasoned Teacher Professional Growth Report

Teacher _____ Administrator____

School City/S			ate					
Date of Service School Year			r					
CODE:	5 4 3 2 1	Outstanding Performance Strong Performance Acceptable Weak or Inconsistent Performance Unacceptable Performance						
NOTE: This optional instru	ıment r	ate number for each item it may be used for a teacher the diocesan school system	who has		,	e <u>conse</u> c	<u>cutive</u>	
PHILOSOPHY/GOALS			1	2	3	4	5	
Supports school philosophy								
Supports school objectives/	goals							
Demonstrates Christian valu	ues/prii	nciples						
QUALITY OF TEACHING			1	2	3	4	5	
Demonstrates effective planning								
Displays sufficient mastery of subject matter								
Incorporates effective instructional skills								
Provides for individual differences						-		
Uses relevant materials to enrich the learning experiences			<u> </u>					
Maintains adequate discipli		1.0						
Keeps an attractive classroom which fosters a learning environment								
PROFESSIONAL RELATIONSHIPS			1	2	3	4	5	
Maintains professional relationship with administration								
Maintains professional relationship with faculty members								
Maintains professional relationship with staff members								
Maintains professional relat								
Maintains professional relat	ionship	with parents						

(continued on reverse side)

PROFESSIONAL GROWTH		2	3	4	5
Participates in spiritual growth activities					
Demonstrates knowledge of curriculum trends in					
education/cathechesis					
Seeks ways of improving teaching techniques through					
ongoing self-evaluation and professional development					
Accepts feedback and performance appraisal as a necessary					
part of professional growth and improvement					
Participates on committees					
Keeps adequate records and reports					
Demonstrates professional grooming					
Keeps teaching license current					
PROCEDURES	1	2	3	1	5
			-	4	3
Demonstrates punctuality and attendance Follows school procedures					
Follows school procedures					
			<u> </u>		
Administrator's Recommendations (Use back of form	n if add	litional s	space is	require	d.)
Teacher's Comments (Use back of form if additional spa	ice is re	quired.)	ı		
Teacher's Signature	-]	Date		·-·
Administrator's Signature	-]	Date		

Note: The teacher's signature indicates only that the teacher has read this form and discussed it with the evaluator. It signifies neither agreement nor disagreement with the evaluation. The teacher may respond either on this form, or on a separate sheet, which will be attached to this form.