



**CATHOLICATE & M.D SCHOOLS**  
(Corporate Management)

DEVALOKAM, KOTTAYAM- 04

ASSESSMENT OF TEACHERS

1. Name of Teacher :
2. Name of School & Designation :
3. Appointment details (In case of un approved hands or approved after 01-01-2012).

Personal Address	Phone No.	Nature of Appointment Permanent/Leave /Addtl. Post	Period of service	Approved/Not

4. Do you really enjoy teaching? : Yes/No
5. What are three things you think as strengths in you, as a teacher
  - 1.
  - 2.
  - 3.
6. Do you submit lesson plan every day? : Yes/No
7. What extra efforts did you take to improve your “teaching” skills?

8. What extra effort you took to update your 'subject knowledge' (attending refresher courses/reading etc)?.
9. How often you utilize Lab/Library facilities of your school as part of your teaching.
10. Are you punctual at school? : Yes/No
11. How many days leave you enhanced this academic year:
12. Do you have problem with indiscipline students in your class. If yes, how will you manage them?.
13. Do students comes to you personally with their "academic" problems. Yes/No
14. What do you do, to motivate the academically weaker students in your class.
15. Do students comes to you with their "personal and family" problems. Yes/No  
If yes, how will you help them sort out these problems.
16. Do you think your fellow teachers co-operate with you and uphold you. Yes/No
17. Do you think your H.M/Principal is supportive to you to accomplish your efforts. Yes/No
18. Do you think the Management needs to interfere more in the daily running of the school. Yes/No

19. Do you think you are denied opportunities to function as a good teacher in your school.

Yes/No

20. State your suggestions to improve the quality of education of your school?.

21. What extra curricular activities you under take in your school?.

22. What effort you undertake to increase the number of students in your school?.

23. What memorable achievements you have made in your carrier this year. List out.

24. Out of ten how many marks will you give yourself as a teacher?

10
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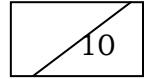
Place :

Date :

Signature of Teacher

**To be filled up by the Principal/H.M**

a) Principal/H.M's rating of the teacher's performance



b) Confidential report about teacher

*The comments of Principal/H.M will be treated as confidential. Kindly concentrate only in the development of the school. Kindly collect and give back this form before April 1<sup>st</sup>.*