**TEACHER SCHOLARSHIP**

**GRANT APPLICATION**

**CONFIDENTIAL TEACHER EVALUATION**

**Teacher Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluator Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Teacher**: Please provide this form and a stamped envelope to each of your chosen Evaluators. Remember that one of the evaluations must be completed by your supervisor (e.g. campus principal) and the other by a District Central Administration employee. These evaluations are expected to be confidential and should be sent by the Evaluator directly to the Krum Education Foundation.

**To the Evaluator**: Please complete this form. You may use the back of the page if necessary. The content of your evaluation will remain confidential. **When you have completed the form, please send the evaluation directly to the Krum Education Foundation in the teacher-provided stamped envelope.** The address for the Foundation can be found at the bottom of this form.

Please rate the teacher in each of the following categories:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Superior** | **Above****Average** | **Average** | **Below****Average** |
| Planning/preparation for learning and use of time |  |  |  |  |
| Classroom management |  |  |  |  |
| Management of time and priorities |  |  |  |  |
| Ability to manage stressful situations |  |  |  |  |
| Management of multiple tasks with ease and professionalism |  |  |  |  |
| Delivery of instruction and support of students |  |  |  |  |
| Promoting engagement, monitoring progress, and responding to student performance |  |  |  |  |
| Professional responsibilities |  |  |  |  |
| Adherence to KISD and Campus improvement plans |  |  |  |  |
| Participation in continuous improvement through staff learning/growth and application of concepts learned |  |  |  |  |

Please provide any additional information you feel reflective of the teacher’s merit for receiving a Krum Education Foundation Teacher Scholarship (attach additional page as necessary).