



**ZORGANICS INSTITUTE
BEAUTY AND WELLNESS**

INSTRUCTOR EVALUATION FORM

Instructor Evaluated: _____ **Hire Date:** _____ **Evaluation Date:** _____

NOTE: The evaluator must spend a minimum of 30 minutes in the classroom and/or student salon. Check the criterion if performed satisfactorily. Divide the total correct into the total criteria to arrive at a score on a 100% scale.

Teacher Preparation

- Lesson plan was prepared
- Audio/visual aids were prepared
- Handouts were prepares
- Work area was maintained
- Displayed knowledge of subject

Classroom Management/Effectiveness

- Students were attentive
- Students took notes
- Instructor circulated while teaching
- Environment was interactive
- Environment was student-centered

Teacher Professionalism

- Appearance
- Attitude
- Communication Skills

Test Administration

- Review session conducted
- Test was administered
- Retaught as needed

Student Salon Supervision

- Area was checked for safety
- Guests checked for comfort
- Demos conducted as needed
- Multiple students supervised
- Guest services checked

Ongoing Cooperation with School Operations

- Maintenance needs reported
- Cost-saving measures followed
- Staff meetings attended
- School policies followed
- Completion of annual continuing education

Identify areas of improvement since last evaluation, if applicable:

List strengths and any area needed improvement. Help formulate an improvement plan as needed

Overall Annual Evaluation

- Performance exceeds expectations
- Performance meets expectations
- Improvement required
- Unsatisfactory performance

Institute Director Signature _____ Date _____

By signing below, I acknowledge that this evaluation has been discussed with me. I also understand that my signature does not necessarily indicate agreement.

Student Signature _____ Date _____