



COT-RPMS

MASTER TEACHER I-IV

RATING SHEET

OBSERVER: _____

DATE: _____

NAME OF TEACHER OBSERVED: _____

SUBJECT & GRADE LEVEL TAUGHT: _____

OBSERVATION 1 2 3 4

DIRECTIONS FOR THE OBSERVER:

1. Rate each indicator on the checklist according to how well the teacher performed during the classroom observation. Mark the appropriate column with a (✓) mark.
2. Each indicator is assessed on an individual basis, regardless of its relationship to other indicators.
3. Attach your Observation Notes Form to the completed rating sheet.

| THE TEACHER: | 4 | 5 | 6 | 7 | 8 | NO |
|---|---|---|---|---|---|----|
| 1. Applies knowledge of content within and across curriculum teaching areas | | | | | | |
| 2. Applies a range of teaching strategies to develop critical and creative thinking, as well as other higher-order thinking skills | | | | | | |
| 3. Manages classroom structure to engage learners, individually or in groups, in meaningful exploration, discovery and hands-on activities within a range of physical learning environments | | | | | | |
| 4. Manages learner behavior constructively by applying positive and non-violent discipline to ensure learning-focused environments | | | | | | |
| 5. Plans, manages and implements developmentally sequenced teaching and learning processes to meet curriculum requirements and varied teaching contexts | | | | | | |
| OTHER COMMENTS: | | | | | | |

Note: For schools with only one observer (i.e. Principal), this form will serve as the final rating sheet.

Signature over Printed Name of the Observer

Signature over Printed Name of the Teacher