

**SUMMARY OF EVALUATION OF THE
HEAD OF DEPARTMENT**

(Confidential)

NAME OF TEACHER: _____ **SCHOOL:** _____

STATUS: _____ **EXPERIENCE:** _____ (YRS)

DEPARTMENT: _____

NAMES OF EVALUATION TEAM: _____

**To be completed by the principal or nominee in
consultation with the Head of Department
and a nominated member of the Department**

A.	LEADERSHIP AND MANAGEMENT	Comments
1	Shares responsibility for setting tone, implementing school policy	
2	Supports policy on attendance and punctuality for staff and students	
3	Maintains departmental records (produce evidence of such)	
4	Establishes and maintains systems for handling organizational tasks	
5	Encourages in-service and ongoing training for staff	
6	Facilitates school participation in national and community projects	
7	Prepares and manages the budget for departmental use	

B. CURRICULUM	Comments
1. Facilitates the development, implementation and evaluation of the curriculum and appropriate resources.	
2. Evaluates the appropriateness of the curriculum through tests, exams and other objective measuring criteria.	
3. Assumes responsibility for the revision, modification or adaptation of syllabus to meet the needs of students.	
C. DISCIPLINE	Comments
Supports programmes to improve discipline among students.	
D. PASTORAL CARE	Comments
1. Shows empathy for needs of staff and students	
E. COMMUNICATION	Comments
1. Promptly makes available circulars and other relevant documents to members of the department.	
2. Participates in conferences with staff, parents, Ministry officials and community personnel in accordance with policy	
3. Promotes professionalism and collegiality among teachers.	

Evaluation Team Signatures

Department/Staff Representation _____ Date _____

Peer (if present) _____ Date _____

Principal's/Deputy Principal's General Comments

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Principal's/Deputy Principal's
Signature

_____ Date _____

HEAD OF DEPARTMENT'S COMMENTS

All administrators have the right to respond to any comment(s)/assessment(s) with which they do not agree

I have been interviewed by an Evaluation Team and have received a copy of this Evaluation Report.

YES

NO

Head of Department's
Signature

_____ Date _____