

TEACHERS SERVICE COMMISSION



**Teacher Performance Appraisal and Development
Tool Primary and Secondary Institutions**

TSC NO.	
Name	
Designation	
Institution	
Zone	
Sub County	
County	

Period of Appraisal: From _____ To _____

4.0. Appraisee/Appraiser's Remarks

Term	Appraisee	Sign/date	Appraiser Name.....Designation..... TSCNo	Sign/date
1				
2				
3				

5.0. Overall Annual Appraiser's Remarks

Sign..... Date.....

6.0. Countersigning

Countersigning officer's remarks on the appraisal process and appraisees' suitability for assignment to position of higher responsibility.

Designation:

CD/DCD/SCD/CSO/HEAD **Name.....** **TSC No.**

Sign..... Date.....

NB: A countersigning officer is one who is in a senior position than the appraisee and the appraiser in the appraisal process.