

# Substitute Teacher Evaluation Form

We are requesting that every teacher complete this form each time the teacher has a substitute teacher in the classroom. Evaluations will be made a part of the substitute's personnel file and will be available for viewing by the employee and District Administrator. Please complete this form and return to Human Resources within one week of the substitute assignment. Your cooperation is very much appreciated.

Substitute's Name: \_\_\_\_\_ Date(s) Worked: \_\_\_\_\_

Site: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_ Substitute For: \_\_\_\_\_

Teacher Observation:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A. Was the lesson plan followed?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. Did the substitute leave you satisfactory notes?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C. Were the absences and other records kept accurately by the substitute? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D. Was your teaching area left in good order?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| E. From all indications, was classroom control satisfactory?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. Did students provide any feedback about the substitute teacher?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comments:

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Would you want this person to sub for you again? Yes No

\_\_\_\_\_  
Teacher Name Teacher's Signature Date

The following to be completed by the school office staff member. How would you rate this employee's performance?

	Excellent	Good	Satisfactory	Unsatisfactory	Not Applicable
1. Attendance/Punctuality:	1	2	3	4	N/A
2. Personal Appearance:	1	2	3	4	N/A
3. Cooperative Attitude:	1	2	3	4	N/A

\_\_\_\_\_  
Staff Member's Name/Title Staff Member's Signature Date

**Do you recommend this substitute be blocked at this site?** Yes  No

\_\_\_\_\_  
Administrator's Name Administrator's Signature Date