

Substitute Teacher Evaluation

Substitute's Name: _____

Date of Assignment: _____ Job #: _____

Classroom Teacher's Evaluation: Please complete the following. If you determine the substitute teacher's performance was unacceptable, please attach appropriate details, including documentation.

	Not Applicable	Exceptional	Satisfactory	Below Average	Unacceptable
Completed Lesson Plans					
Corrected Papers as Instructed					
Classroom Left in Good Order					
Completed Additional Duties					
Overall Performance					
Classroom Management:					

Additional Comments: _____

Classroom Teacher's Signature _____ Date: _____

Building Administrator's Review and Recommendations. If this is a report of unacceptable performance, please review the evaluation and documentation and complete the following.

I observed this substitute teacher: Yes _____ No _____

I discussed the following areas of concern with the substitute teacher: _____

Recommendations:

Do not assign this substitute to these areas or levels: _____

Remove the substitute teacher's name from the District's list: _____

Additional Comments: _____

Administrator's Signature _____ Date: _____