



## SUBSTITUTE TEACHER EVALUATION FORM

Please fax or e-mail the completed form to the Kelly Services office at Fax Number and E-mail Address. Thank you for your cooperation and feedback.

<b>Substitute Teacher Name</b>			<b>Date</b>		
<b>Principal Name</b>			<b>School</b>		
<b>Full-Time Teacher Name</b>			<b>Grade/Subject</b>		
<b>Please rate the substitute teacher on the following items:</b>		<b>Yes</b>	<b>No</b>		
Followed lesson plans?		<input type="checkbox"/>	<input type="checkbox"/>		
Provided favorable learning situation?		<input type="checkbox"/>	<input type="checkbox"/>		
Used acceptable methods of control?		<input type="checkbox"/>	<input type="checkbox"/>		
Projected favorable attitude while teaching?		<input type="checkbox"/>	<input type="checkbox"/>		
Left summary of work covered?		<input type="checkbox"/>	<input type="checkbox"/>		
Left the room in an orderly condition?		<input type="checkbox"/>	<input type="checkbox"/>		
Readily adapted to substitute teaching situation?		<input type="checkbox"/>	<input type="checkbox"/>		
Received favorably by students?		<input type="checkbox"/>	<input type="checkbox"/>		
Cooperated with school staff?		<input type="checkbox"/>	<input type="checkbox"/>		
Arrived on time and observed school schedules?		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Strengths:</b>					
<b>Weaknesses:</b>					
<b>Performance Summary:</b>		<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
Recommended for continued substitute teacher employment?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Please answer the following questions regarding Kelly Services:</b>					
Did the Kelly office communicate thorough information to you regarding your needs for this substitute teacher?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was the Kelly staff helpful and cooperative?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Additional Comments:</b>					