Substitute Teacher Evaluation

Substitute’s Name: ____________________________________________________________

Date of Assignment: ____________________________ Confirmation #: __________________

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

<table>
<thead>
<tr>
<th></th>
<th>Not Applicable</th>
<th>Exceptional</th>
<th>Satisfactory</th>
<th>Below Average</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the room left as neat and clean as it was found?</td>
<td></td>
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<tr>
<td>Was classroom work explained satisfactorily?</td>
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<tr>
<td>Did students report that they were treated fairly and consistently?</td>
<td></td>
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<tr>
<td>Were any disciplinary issues reported?</td>
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<tr>
<td>Overall Classroom Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Yes ______ No ______

Additional Comments:__________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Administrator’s Signature ____________________________ Date: __________

02/06/19 LB