



# 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.

	Not Applicable	Exceptional	Satisfactory	Below Average	Unacceptable
Was the room left as neat and clean as it was found?					
Was classroom work explained satisfactorily?					
Was classroom work explained satisfactorily?					
Did students report that they were treated fairly and consistently?					
Were any disciplinary issues reported?					
Overall 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: Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date: \_\_\_\_\_