



501 W. University Drive, Rochester, Michigan 48307 • Phone: 248.726.3000 • Fax: 248.726.3105

**Long Term Substitute/Temporary Teacher Evaluation**

Name: \_\_\_\_\_

School Year: \_\_\_\_\_ Assignment Begin Date: \_\_\_\_\_ Assignment End Date: \_\_\_\_\_

Description of Assignment: \_\_\_\_\_

Assigned Mentor Teacher: \_\_\_\_\_

**Effectiveness Rating**

*Planning*                      Highly Effective \_\_\_\_    Effective \_\_\_\_    Minimally Effective \_\_\_\_    Ineffective \_\_\_\_

*Classroom Environment*                      Highly Effective \_\_\_\_    Effective \_\_\_\_    Minimally Effective \_\_\_\_    Ineffective \_\_\_\_

*Instruction*                      Highly Effective \_\_\_\_    Effective \_\_\_\_    Minimally Effective \_\_\_\_    Ineffective \_\_\_\_

*Professional Responsibility*                      Highly Effective \_\_\_\_    Effective \_\_\_\_    Minimally Effective \_\_\_\_    Ineffective \_\_\_\_

*Student Growth*                      Highly Effective \_\_\_\_    Effective \_\_\_\_    Minimally Effective \_\_\_\_    Ineffective \_\_\_\_

**Overall Effectiveness Rating**

Highly Effective \_\_\_\_                      Effective \_\_\_\_                      Minimally Effective \_\_\_\_                      Ineffective \_\_\_\_

**Comments**

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Educator: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO THE HUMAN RESOURCE OFFICE ATTN: JENNIFER ARSENAULT**