



HAYWARD UNIFIED SCHOOL DISTRICT Substitute Teacher Evaluation

School _____ Principal _____

Name of Substitute _____ Date(s) Taught _____

Name of Teacher _____ Grade Level _____

For the Teacher to Complete:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Was the substitute's service satisfactory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Were the teacher's plans followed satisfactorily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Would you want this substitute's services again? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Was the classroom left in order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Was the substitute on time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did the substitute leave early? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Was a report left? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Feedback:

Teacher's Signature _____ Date _____

For the Site Administrator to Complete:

- | | | |
|---|--|-----------------------------|
| 1. Did the substitute cancel the accepted job the same day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did the Substitute cancel prior to cutoff times? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Did the substitute show up to the accepted job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Was the classroom management satisfactory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Were the substitute's instructional skills satisfactory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Would you recommend that this substitute be retained on the substitute list: | | |
| For this site? <input type="checkbox"/> Yes <input type="checkbox"/> No | For the district? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. The site administrator must speak with the substitute if the answer is 'No' to either of the questions in item #6. | | |
| Did the site administrator speak with the substitute? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Feedback:

Administrator's Signature _____ Date _____