Print Form

# Substitute Teacher Evaluation Form

Substitute Teacher's Name: _____ Date of Assignment: _____
(Print Name)

School/Site: _____

Classroom Teacher's Name: _____ Grade/Subject: _____

**Performance Evaluation Scale**
**1 = Unsatisfactory**
**2 = Needs Improvement**
**3 = Satisfactory**
**4 = Excellent**
**5 = Exceeds Expectations**

| **Performance Criteria** | **Performance Rating** Unsatisfactory <----------> Exceeds Expectations | | | | |
|---|---|---|---|---|---|
| 1. Arrived on time, observed school schedules. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 2. Followed established record keeping procedures. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 3. Followed lesson plans. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 4. Used acceptable methods of classroom management. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 5. Summarized work covered for teacher. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 6. Has knowledge of subject matter. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 7. Exhibited favorable attitude while substituting. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| **Overall Summary of Performance** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

**Please Check One of the Following**

☐ I recommend that this substitute teacher be retained and provided the opportunity to improve.

☐ I recommend that this substitute teacher be placed on DNR (Do Not Return) status for my building.

☐ I would welcome this substitute teacher back to my building.

## Substitute Teacher Evaluation Form (Continued)

**Substitute Teacher's Name:** _____

**Teacher/Administrator Comments**

| |
|---|
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_____ _____

Administrator's Signature Date

A copy of this evaluation should be sent to the Assistant Director of Human Resources, Saint Paul Public Schools, 360 Colborne St., St. Paul, MN 55102. Please note that the substitute teacher will receive a copy of this evaluation, and may respond to the evaluation in writing.