KELLY educational staffing

SUBSTITUTE TEACHER EVALUATION FORM

Please scan and email the completed form to the local Kelly office 514E@kellyservices.com.
Thank you for your cooperation and feedback.

School Name: _____

Substitute Name: _____ **Date:** _____

Full Time Teacher Name: _____ **Grade/Subject:** _____

Please rate the substitute on the following items:

Followed lesson plans as closely as possible?	Yes	No
Left room in good order?	Yes	No
Were absences recorded accurately by substitute?	Yes	No
Did students provide any feedback about the substitute teacher?	Yes	No
Used acceptable means of behavior management?	Yes	No
Cooperated with front office and instructional staff?	Yes	No
Left brief report concerning the day's activities?	Yes	No
Would you want this person to sub for you again?	Yes	No

Comments:

_____

_____

_____

_____

If needed, did you find the local Kelly Office or Scheduling Team to be helpful and cooperative?

Yes No N/A

Please email 514E@kellyservices with details and name of substitute if you feel their performance was unsatisfactory.