



Substitute Evaluation Form

Section 1: To be completed by Substitute Teacher

Substitute's Name: _____ School: _____
 Date Substituted: _____ Time: AM PM FULL DAY

Were lesson plans, seating chart, student information and other information provided to you		Yes <input type="checkbox"/>	No <input type="checkbox"/>
As a substitute, please check the items you performed:			
<input type="checkbox"/> Attendance	<input type="checkbox"/> Made daily announcements		
<input type="checkbox"/> Followed lesson plans	<input type="checkbox"/> Followed specific instructions from teacher		
<input type="checkbox"/> Completed summary of classroom behavior	<input type="checkbox"/> Informed teacher of any behavioral issues, if any		
<input type="checkbox"/> Left the teacher's materials, desk and classroom organized	<input type="checkbox"/> Performed duty (e.g. hall, playground, lunch, other)		
Comments:			

Section 2: To be completed by Teacher

	Excellent	Satisfactory	Unsatisfactory	Poor
Implemented lesson plans effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept students on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to manage students in the classroom (handled discipline problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left a written summary for the teacher.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Left the teacher's materials, desk and classroom organized.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are there areas where the substitute could use improvement?				
Were there areas where the substitute excelled?				
Overall, did the substitute effectively manage the classroom and carry out all?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments:				

Section 3: To be completed by office personnel and administrator

Was the substitute on time and ready for their assignment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the substitute dressed appropriately for the teaching assignment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the substitute cope effectively with discipline problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the substitute maintain a positive attitude about the assignment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the substitute interact professionally with the students and staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you want this substitute to sub in your building again?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Substitute Signature _____ Date _____ Teacher Signature _____ Date _____ Administrator Signature _____ Date _____

Please attach extra comments if necessary. Return completed form to: Substitute Coordinator