



CALHOUN COUNTY SCHOOLS SUBSTITUTE EMPLOYEE EVALUATION FORM

Please e-mail the completed form to the Kelly Educational Staffing office at 1078@kellyservices.com.
Thank you for your cooperation and feedback!

Substitute Employee Name		Date	
Principal Name		School	
Full-Time Employee Name		Position	
Please rate the substitute employee on the following items:	Yes	No	
Did the employee arrive on time?	<input type="checkbox"/>	<input type="checkbox"/>	
Received favorably by students?	<input type="checkbox"/>	<input type="checkbox"/>	
Did employee follow safety rules?	<input type="checkbox"/>	<input type="checkbox"/>	
Was employee's quality of work acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	
Was employee's quantity of work acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	
Did employee work well with students?	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperated with school staff?	<input type="checkbox"/>	<input type="checkbox"/>	
Was employee dressed appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	
Strengths:			
Weaknesses:			
Performance Summary:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Recommended for continued substitute employment?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Please answer the following questions regarding Kelly Services:			
Did the Kelly Educational Staffing office communicate thorough information to you regarding your needs for this substitute employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the Kelly staff helpful and cooperative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional Comments:			