SHORELINE PUBLIC SCHOOLS

HUMAN RESOURCES
SUBSTITUTE EMPLOYEE FEEDBACK FORM

This form is designed to provide accurate information regarding the effectiveness of certificated and classified substitutes, both positive and constructive feedback. The building administrator must approve and submit this form to the Substitute Office-Human Resources Dept. within two workdays of the substitute assignment and provide feedback to the substitute via phone call or in person. Human Resources will make the final determination regarding any action requested.

Substitute Assignment Information

Assignment Type: ☐**Certificated** ☐ **Classified**

Substitute Name:_____

Employee or Vacancy Name:_____

School: _____ **Position**:_____

Date(s) Worked:_____ **Confirmation #:**_____

What are the substitute's strengths?

What are areas the substitute needs to improve upon?

Comments/concerns regarding specific assignments:

Future Assignment Recommendation

☐ Please assign them again
☐ No action required
☐ Please do not assign them to this classroom
☐ Please do not assign them to this school

School/department *must* provide feedback directly to the substitute via phone call or in person. Receipt of the feedback form should not be the only notice a substitute receives.

Date feedback given to the substitute _____by whom? _____

Human Resources Action:

- HR staff will review recommended action
- Substitute status updated in Frontline Absence Management
- Copy of feedback sent to substitute

Information provided by:

Name Position School Date

Supervisor Acknowledgement Date

For HR Office Use Only
Received by HR Substitute Services: Reviewed by HR Director: ☐ Copy Sent to Substitute

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