SANTA PAULA UNIFIED SCHOOL DISTRICT

Personnel Commission
Tommie Sanchez-Reyes
Karen Harrison
Jeff Steiger

CLASSIFIED SUBSTITUTE EVALUATION

Name: _____ Date(s): _____

Classification: _____ Site: _____

Please complete comment section below if you indicate any negative rating.

	Positive	Negative
1. Quality of Work:	☐	☐
2. Ability to work without immediate supervision:	☐	☐
3. Interpersonal skills - interaction with staff and supervisor:	☐	☐
4. Compliance with instructions, rules and regulations:	☐	☐
5. Attendance/Punctuality:	☐	☐

Specific comments:

_____

_____

_____

	YES	NO
Employee may continue at present site:	☐	☐

_____ _____

Signature of Site Administrator Date

RETURN TO CLASSIFIED HR

Note to Administrator: Evaluations are used as a factor in continuing employment of a substitute and are therefore recommended on either a commendable or a negative performance.

R 10/14/24

Personnel Commission/Classified Human Resources
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