

Cambridge Public Schools
DAY-T0-DAY SUBSTITUTE TEACHER EVALUATION FORM



Name of Substitute Teacher: _____ Date(s) Substitute Covered: _____

Grade/Subject: _____ School: _____

Section A: Evaluation By School Administrator

RATINGS: 1: Excellent 2: Commendable 3: Satisfactory 4: Needs Improvement 5: Unsatisfactory
(Leave rating line blank if not applicable or not observed)

	1	2	3	4	5
1. Demonstrates punctuality, and reports to assignment on time.	☐	☐	☐	☐	☐
2. Is neat, professional, and appropriate in appearance and demeanor.	☐	☐	☐	☐	☐
3. Follows instructions left by teacher and covers lesson plans (if available) or implements alternative learning activities as provided by building administrator.	☐	☐	☐	☐	☐
4. Demonstrates clarity in verbal presentation.	☐	☐	☐	☐	☐
5. Adheres to Cambridge School Department and individual school policies/curriculum.	☐	☐	☐	☐	☐
6. Demonstrates promptness and accuracy with required records and reports.	☐	☐	☐	☐	☐
7. Relates well and interacts effectively with students.	☐	☐	☐	☐	☐
8. Cooperates with administrators.	☐	☐	☐	☐	☐
9. Displays good classroom management skills as per individual school procedure.	☐	☐	☐	☐	☐
10. Takes appropriate actions regarding student behavior.	☐	☐	☐	☐	☐
11. Uses motivational techniques.	☐	☐	☐	☐	☐
12. Seeks assistance when necessary and appropriate.	☐	☐	☐	☐	☐
13. Takes appropriate steps to ensure student safety and security.	☐	☐	☐	☐	☐
14. Relates well to other staff members.	☐	☐	☐	☐	☐

Comments (If you have checked off 4 or 5 in any of the above areas, please provide suggestions for improvement):

SECTION B (OPTIONAL): Feedback from Absent Teacher

	YES	NO
1. Lesson plans appear to have been satisfactorily followed.	☐	☐
2. Student work was left for teacher's review in an organized manner	☐	☐
3. The classroom and materials were left in good condition.	☐	☐
4. The substitute provided adequate written feedback	☐	☐
5. Student behavior was appropriately handled (if known by teacher)	☐	☐

If you checked "no" for any of the above, please provide suggestions for improvement.

Teacher's Name: _____ Signature: _____ Date: _____

Administrator's Name: _____ Signature: _____ Date: _____

Substitute's Name: _____ Signature: _____ Date: _____