

Unsatisfactory Substitute Evaluation Form

PLEASE RETURN TO SUBSTITUTE SERVICES

Please be advised that this evaluation may be sent to the substitute for response and may be placed in the substitute file for review by district administrators. **The administrator must review this form before returning it to Substitute Services at SubOffice@washoeschools.net**

ASSIGNMENT INFORMATION

SCHOOL

SUBSTITUTE'S NAME

TEACHER'S NAME

GRADE / SUBJECT

DATE OF ASSIGNMENT

TEACHER'S SIGNATURE

TEACHER'S COMMENTS & OBSERVATIONS

Please provide your comments and observations, along with specific examples of the substitute's unsatisfactory performance. Continue on additional sheets if necessary.

TO BE COMPLETED BY SCHOOL ADMINISTRATOR ONLY - Follow-Up Comments

☐

Do not return sub to this classroom

☐

Do not return sub to school*

☐

Discussed with sub

*** IF THIS UNSATISFACTORY EVALUATION CONTAINS ANY ALLEGATIONS OF INAPPROPRIATE CONDUCT WITH STUDENTS, PLEASE ATTACH DETAILED STATEMENTS OF WHAT OCCURRED, WITNESS STATEMENTS, AND POLICE REPORTS.**

ADMINISTRATOR'S SIGNATURE

ADMINISTRATOR'S NAME (PLEASE PRINT)