



RIALTO UNIFIED SCHOOL DISTRICT CLASSIFIED SUBSTITUTE EMPLOYEE OBSERVATION REPORT

Date: _____

To: Armando Urteaga, Executive Director | Human Resources

From: _____ Title: _____

RE: Work Performance

Please complete this form following your observation of a classified substitute employee while performing their assigned duties.

Name of Substitute: _____ Title: _____

School/Department: _____ Date(s) of Service: _____

Administrator: _____
(Printed Name) (Signature)

PLEASE RETURN THE SIGNED ORIGINAL DOCUMENT TO HUMAN RESOURCES.

Select one:

☐ **Superior** (*very capable and dependable*) ☐ **Satisfactory** (*services were satisfactory*)

☐ **Marginal/Poor** (*Performance concerns significantly outweigh strengths; not recommended for future assignments*)

**Please provide specific examples of observed performance that support this rating and recommendation for future assignments.*

Comments/Summary Evaluation:

Suggestions: