

Substitute Secretary Evaluation Form



Substitute's Name _____ Date _____

Substituted for _____ School _____

Date(s) of Absence _____ Position _____

Secretary's Report	Acceptable	Not Acceptable
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Please complete the following, leaving blank areas you cannot evaluate.

- | | | |
|--|-------|-------|
| 1. Left necessary explanation of work | _____ | _____ |
| 2. Appeared to have good rapport with students | _____ | _____ |
| 3. Left the office(s) clean and orderly | _____ | _____ |
| 4. Would be welcome back to substitute | _____ | _____ |

Comments: _____

Secretary's Signature _____ Date _____

Please turn this form in to the office by the end of the day on which you return to school

Administrator's Report

Please Rate the effectiveness of the substitute secretary in the following areas:

- | | Ineffective | Effective | Very Effective |
|---|--------------------------|--------------------------|--------------------------|
| 1. Professional Presentation of Self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Office Skills (operating necessary technology) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Interpersonal Skills with Parents, Staff and Teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Overall Effectiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you like this substitute to return to your building? _____ Yes _____ No

Comments: _____

Administrator's Signature _____ Date _____

Please submit a copy of this form to Substitute Services and retain a copy for your files.