



Substitute Teacher Evaluation Form

Substitute's Name _____ Date _____

Substituted for _____ School _____

Date(s) of Absence _____ Grade/Subject _____

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

- | | | |
|------------------------------------------------|-------|-------|
| 1. Followed lesson plans/instructions provided | _____ | _____ |
| 2. Followed time schedule provided | _____ | _____ |
| 3. Left necessary explanation of work | _____ | _____ |
| 4. Appeared to have good rapport with students | _____ | _____ |
| 5. Appeared to have adequate classroom control | _____ | _____ |
| 6. Left the room(s) clean and orderly | _____ | _____ |
| 7. Checked necessary student work | _____ | _____ |
| 8. Would be welcome back to substitute | _____ | _____ |

Comments: _____

Teacher'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 in the following areas:

- | | Ineffective | Effective | Very
Effective |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Professional Presentation of Self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Teaching/Instructional Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Classroom Management | <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: _____

Date _____

Administrator's Signature _____

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