

SUBSTITUTE TEACHER EVALUATION

Substitute Teacher's Name: _____ Date: _____

Teacher's Name: _____

Campus: _____

Teacher Observations:

1. How long did this substitute teach for you? _____ day(s)
2. Did you leave lesson plans? Yes No
3. If yes, did the substitute follow your plan? Yes No
4. Did the substitute leave you any notes regarding substituting in your class? Yes No
5. Would you recommend this substitute to other teachers? Yes No
If no, recommend changes that can be made by this substitute to improve performance.

6. What did this substitute do that you wish others would do when substitute teaching in your classroom?

Principal's Comments:

1. Did the substitute arrive on time? Yes No
2. Would you like this substitute to return to your school? Yes No
3. In your opinion should this substitute continue to substitute teach in the district?
If no, please explain why and what corrective action an administrator on your campus has taken with the substitute in reference to your concern.

Teacher's Signature

Principal's Signature

Please respond to all questions your input is appreciated

The above information may be shared with the substitute teacher

****Please return this evaluation to the Substitute Center within 5 days of job****