

APPENDIX 2

SUBSTITUTE TEACHER EVALUATION FORM

Substitute Teacher's Name: _____

Regular Teacher's Name: _____

School: _____ Subject/Grade Level: _____

Date(s) substitute worked: _____

Has this substitute worked for you before? Yes _____ No _____

POSITIVES ABOUT THE ABOVE SUBSTITUTE:

- _____ Good attitude and cooperative
- _____ Professional appearance
- _____ Good classroom management
- _____ Followed lesson plans
- _____ Got along well with students
- _____ Room left in good order
- _____ Left report on day

CONCERNS ABOUT THE ABOVE SUBSTITUTE:

- _____ Poor attitude and uncooperative
- _____ Unprofessional appearance
- _____ Poor classroom management
- _____ Did not follow lesson plans
- _____ Verbal or physical abuse of student(s)
- _____ Room left in disorder
- _____ No report left on day

COMMENTS:

SOURCE OF INFORMATION:

- _____ My observation
- _____ Comments from regular teacher
- _____ Comments from students(s)
- _____ Comments from other staff members(s)

RECOMMENDATION FOR FUTURE SERVICE:

- _____ May return to this school for future assignment
- _____ Do not assign to this teacher's class again
- _____ Do not assign to this school

Principal's Signature

Date

FOR SITE USE ONLY

FOR PERSONNEL USE ONLY

Conference date: _____

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Conference date: _____

Disposition of problem: _____

Disposition of problem: _____