

**SUBSTITUTE EDUCATIONAL ASSISTANT EVALUATION**

\_\_\_\_\_  
Name of Substitute

Assignment	Date				
	Poor		Average		Excellent
1. Followed school procedures	1	2	3	4	5
2. Followed teacher direction	1	2	3	4	5
3. Professional demeanor	1	2	3	4	5
4. Helpfulness and positive attitude	1	2	3	4	5

Comments:

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The above evaluation will be mailed to the substitute.

\_\_\_\_\_  
Signature of Classroom Teacher      \_\_\_\_\_  
Grade Level/Subject

\_\_\_\_\_  
Signature of Building Principal      \_\_\_\_\_  
Building

Remove substitute from our building list:    \_\_\_ Yes      \_\_\_ No

**PLEASE RETURN TO HUMAN RESOURCES DEPARTMENT**