

**SUBSTITUTE OFFICE EMPLOYEE EVALUATION**

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

Assignment	Date				
	Poor		Average		Excellent
1. Followed school/office procedures	1	2	3	4	5
2. Office work completed	1	2	3	4	5
3. Professional demeanor	1	2	3	4	5
4. Helpfulness and positive attitude	1	2	3	4	5

Comments:

---

The above evaluation will be mailed to the substitute.

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

\_\_\_\_\_  
Building

Remove substitute from our building list:     Yes     No

**PLEASE RETURN TO HUMAN RESOURCES DEPARTMENT**