

DISTRICT OFFICE

201 Orchard Street South Northfield, MN 55057 PH 507.663.0600 • FAX 507.663.0611 www.northfieldschools.org

SUBSTITUTE TEACHER EVALUATION

Name of Substitute					
Assignment			Date		
	Poor		Average		Excellent
1. Plan followed	1	2	3	4	5
2. Student work completed	1	2	3	4	5
3. Papers corrected and room left in order	1	2	3	4	5
4. Student/Classroom Management	1	2	3	4	5
Comments:					
The above evaluation will be mailed to the	substi	tute.			
Signature of Classroom Teacher	ture of Classroom Teacher Grade Level/Subject				
Signature of Building Principal	Building				
Remove substitute from our building list:		_Yes	No		

EQUAL OPPORTUNITY EMPLOYER • INDEPENDENT SCHOOL DISTRICT 659

PLEASE RETURN TO HUMAN RESOURCES DEPARTMENT