

**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:

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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**