

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 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