

SUBSTITUTE TEACHER EVALUATION FORM
 (Administrator: Please add additional comments and sign)

SUBSTITUTE:	DATE:
SCHOOL SITE:	GRADE/SUBJECT:
TEACHER:	

This form is to be completed by the principal and teacher on the first day following substitute's teaching.

		YES	NO
1.	Followed lesson plans	<input type="checkbox"/>	<input type="checkbox"/>
2.	Provided favorable learning situation	<input type="checkbox"/>	<input type="checkbox"/>
3.	Used acceptable methods of control	<input type="checkbox"/>	<input type="checkbox"/>
4.	Favorable attitude while substituting	<input type="checkbox"/>	<input type="checkbox"/>
5.	Left summary of work covered	<input type="checkbox"/>	<input type="checkbox"/>
6.	Left the room in an orderly fashion	<input type="checkbox"/>	<input type="checkbox"/>
7.	Adapted to substituting situation readily	<input type="checkbox"/>	<input type="checkbox"/>
8.	Favorably received by students	<input type="checkbox"/>	<input type="checkbox"/>
9.	Cooperative with school staff	<input type="checkbox"/>	<input type="checkbox"/>
10.	Arrived on time, observed school schedules	<input type="checkbox"/>	<input type="checkbox"/>

STRONG POINTS:

WEAK POINTS:

SUMMARIZATION	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Discussed evaluation with substitute and provided copy		<input type="checkbox"/> YES	<input type="checkbox"/> NO

COMMENTS:

TEACHER

PRINCIPAL

DATE

SUBSTITUTE TEACHER

CC: Personnel File