



Substitute Teacher Evaluation

Name of Substitute Teacher: _____

Classroom Teacher's Name: _____

School: _____ Subject(s)/Grade Level Taught: _____

Date(s) Substitute Duties Performed: _____

INSTRUCTIONS: For each of the indicators below, select the descriptor that most closely represents the substitute's performance. Add any comments at the bottom that you feel are appropriate and that may assist us in understanding the reasons for your ratings.

	Excellent	Good	Poor	Unacceptable		
1. Punctuality.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
2. Followed Lesson Plans and Schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
3. Accuracy of Attendance and Other Forms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
4. Handling of Student Discipline.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
5. Teaching Methods/Instructional Strategies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
6. Knowledge of Subject Matter Taught.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
7. Professional Behavior With Students.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>

How would you rate the overall performance of this substitute? (Check one.)

Excellent Good Poor Unacceptable

COMMENTS: _____

Name of Evaluator (Printed) _____ Date: _____

Please note that this evaluation may be shared with the Substitute if requested.