



## SUBSTITUTE EVALUATION FORM

Please e-mail the completed form to the Kelly Services office e-mail 3431@kellyservices.com. Thank you for your cooperation and feedback.

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>Substitute Name</b>   | <b>Date</b>              |                          |
|  |                          |                          |
| <b>Full-Time Staff Name</b>  | <b>School</b>            |                          |
| <b>Please rate the substitute teacher on the following items:</b>  |                          |                          |
|  | <b>Yes</b>               | <b>No</b>                |
| Followed lesson plans?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Provided favorable learning situation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Used acceptable methods of control?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Projected favorable attitude while teaching?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Left summary of work covered?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Left the room in an orderly condition?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Received favorably by students?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperated with school staff?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrived on time and observed school schedules?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Strengths:</b>  |                          |                          |
|  |                          |                          |
| <b>Weaknesses:</b>   |                          |                          |
|  |                          |                          |
| <b>Performance Summary:</b>  |                          |                          |
| <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory                 |                          |                          |
| If performance is unsatisfactory, would you like this person excluded from your classroom?                                       |                          |                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |                          |                          |
| If yes, please provide comments below for exclusion reason.<br>(This is important for coaching and counseling of our employees.) |                          |                          |
| <b>Additional Comments:</b>  |                          |                          |
|  |                          |                          |