

Substitute Teacher Evaluation Form

Substitute Teacher's Name: _____ Date of Assignment: _____
(Print Name)

School/Site: _____

Classroom Teacher's Name: _____ Grade/Subject: _____

Performance Evaluation Scale

- 1 = Unsatisfactory
- 2 = Needs Improvement
- 3 = Satisfactory
- 4 = Excellent
- 5 = Exceeds Expectations

Performance Criteria

Performance Rating

Unsatisfactory <-----> Exceeds Expectations

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Arrived on time, observed school schedules. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. Followed established record keeping procedures. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. Followed lesson plans. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. Used acceptable methods of classroom management. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 5. Summarized work covered for teacher. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6. Has knowledge of subject matter. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 7. Exhibited favorable attitude while substituting. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Overall Summary of Performance 1 2 3 4 5

Please Check One of the Following

- I recommend that this substitute teacher be retained and provided the opportunity to improve.
- I recommend that this substitute teacher be placed on DNR (Do Not Return) status for my building.
- I would welcome this substitute teacher back to my building.

Substitute Teacher Evaluation Form (Continued)

Substitute Teacher's Name: _____

Teacher/Administrator Comments

Administrator's Signature Date

A copy of this evaluation should be sent to the Assistant Director of Human Resources, Saint Paul Public Schools, 360 Colborne St., St. Paul, MN 55102. Please note that the substitute teacher will receive a copy of this evaluation, and may respond to the evaluation in writing.