

Paraprofessional Substitute Evaluation Form

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

School/Site: _____

Team Lead/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. Assisted teachers in helping students with assignments.	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. Monitor student behavior in classroom (and on bus).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Consistently engage with students as needed.	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 para substitute be retained and provided the opportunity to improve.
- ☐ I recommend that this para substitute be placed on DNR (Do Not Return) status for my building.
- ☐ I would welcome this para substitute back to my building.

Paraprofessional Substitute's Evaluation Form (Continued)

Para Substitute's Name: _____

Team Lead/Teacher/Administrator Comments

Team Lead/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 Paraprofessional Substitute will receive a copy of this evaluation, and may respond to the evaluation in writing.