

Substitute Teacher Evaluation Form

This optional form may be completed by the classroom teacher on the first day following the substitute's teaching assignment. Please submit the form to the principal's mailbox in the Main Office. Thank you for your cooperation and feedback.

Substitute Name	Date of assignment
Principal Scott Davies	School B. F. Gibbs Elementary
Full Time Teacher Name	Grade/Subject

Please rate the substitute teacher on the following items:	YES	NO	N/A
Followed provided lesson plans			
Supplied students with teacher provided hand-outs			
Collected any necessary paperwork as requested by classroom teacher			
Left comments about each class taught/summary or work covered			
Provided a detailed list of any disciplinary actions taken			
Maintained discipline within the classroom			
Took attendance / Left notes about absences and tardies			
Observed student pull-out/replacement/supplemental schedules			
Readily adaptable to substitute teaching position			
Evidence that a favorable learning environment was maintained			
Favorable reports by students (if not, note below)			
Favorable reports by teaching colleagues (if not, note below)			
Left room in an orderly condition			

*N/A = Not Applicable

Please comment on any strengths of the substitute teacher:

Please comment on any areas for improvement of the substitute teacher:

PLEASE TURN OVER TO COMPLETE OTHER SIDE

Overall Performance Summary (please check one):

Excellent	<input type="checkbox"/>
Satisfactory	<input type="checkbox"/>
Unsatisfactory	<input type="checkbox"/>

Please list reason for a rating of Unsatisfactory:

Would you want this person to substitute in your classroom again? YES NO

Signature of person completing form

Date

Information on this form may be used by the building principal to remediate, commend, or otherwise inform the substitute teacher about past performance, or suggestions for future assignments.