SUBSTITUTE TEACHER EVALUATION FORM

(Administrator: Please add additional comments and sign)

SUBSTITUTE:	DATE:
SCHOOL SITE:	GRADE/SUBJECT:
TEACHER:	

This form is to be completed by the principal and teacher on the first day following substitute's teaching.

		YES	NO
1.	Followed lesson plans	☐	☐
2.	Provided favorable learning situation	☐	☐
3.	Used acceptable methods of control	☐	☐
4.	Favorable attitude while substituting	☐	☐
5.	Left summary of work covered	☐	☐
6.	Left the room in an orderly fashion	☐	☐
7.	Adapted to substituting situation readily	☐	☐
8.	Favorably received by students	☐	☐
9.	Cooperative with school staff	☐	☐
10.	Arrived on time, observed school schedules	☐	☐

STRONG POINTS: _____

_____

_____

WEAK POINTS: _____

_____

_____

SUMMARIZATION	☐ Excellent	☐ Satisfactory	☐ Unsatisfactory
Discussed evaluation with substitute and provided copy		☐ YES	☐ NO

COMMENTS: _____

_____

_____

_____ _____ _____

TEACHER PRINCIPAL DATE

_____

SUBSTITUTE TEACHER

CC: Personnel File