NORTHSIDE INDEPENDENT SCHOOL DISTRICT

Evaluation of Substitute Paraprofessional

Substitute Paraprofessional's Name: _____

Name of School: _____

Name of Person for whom Substitute was needed: _____

Assignment: _____

Date(s) Substitute Performed Duties: _____

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INSTRUCTIONS: For each of the items below, circle the number to the right which most closely represents your view. Add any comments at the bottom that you feel are appropriate and helpful in evaluating paraprofessional's performance.

4 = Strongly Agree	2 = Disagree
3 = Agree	1 = Strongly Disagree
NA = Not Applicable	

1. The paraprofessional substitute followed the lesson plans OR instructions you provided.	4	3	2	1	NA
2. Any assignments given were completed in a timely manner.	4	3	2	1	NA
3. The paraprofessional used good judgement in carrying out tasks assigned.	4	3	2	1	NA

4. How would you rate the overall performance of the substitute? (Circle one.)

   excellent good average below average poor

5. Would you request this substitute for your class again?_____

COMMENTS: _____

_____

_____

_____

Evaluator's Signature: _____ Date: _____

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WHITE copy to Human Resources; YELLOW copy to principal.