



Substitute Teacher Evaluation

Name of Substitute Teacher: \_\_\_\_\_

Classroom Teacher's Name: \_\_\_\_\_

School: \_\_\_\_\_ Subject(s)/Grade Level Taught: \_\_\_\_\_

Date(s) Substitute Duties Performed: \_\_\_\_\_

**INSTRUCTIONS:** For each of the indicators below, circle the number to the right that most closely represents the substitute's performance. Add any comments at the bottom that you feel are appropriate and that may assist us in understanding the reasons for your ratings.

	Excellent	Good	Poor	Unacceptable	
1. Punctuality.....	4	3	2	1	NA
2. Followed Lesson Plans and Schedule.....	4	3	2	1	NA
3. Accuracy of Attendance and Other Forms.....	4	3	2	1	NA
4. Handling of Student Discipline.....	4	3	2	1	NA
5. Teaching Methods/Instructional Strategies.....	4	3	2	1	NA
6. Knowledge of Subject Matter Taught.....	4	3	2	1	NA
7. Professional Behavior With Students.....	4	3	2	1	NA

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

<b>Excellent</b>	<b>Good</b>	<b>Poor</b>	<b>Unacceptable</b>
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COMMENTS: \_\_\_\_\_

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\_\_\_\_\_

Name of Evaluator (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

Please note that this evaluation may be shared with the Substitute if requested.