

NORTHSIDE INDEPENDENT SCHOOL DISTRICT

Human Resources
5617 Grissom Road
San Antonio, TX 78238



Substitute Office
Phone (210) 397-8600

Paraprofessional Substitute Evaluation

Part 1 - To Be Completed By Substitute

INSTRUCTIONS for Part 1: Substitutes, please complete Part 1 only. Include your Access ID# (from your ID badge), your First and Last names, the First and Last names of the person you are subbing for, the Campus or Department location you are subbing at, the Subject(s) or Department you are subbing in, and the Dates the Substitute Duties were Performed.

<i>Substitute Access ID #</i>	<i>Substitute First Name</i>	<i>Substitute Last Name</i>
<i>Employee's First Name</i>		<i>Employee's Last Name</i>
<i>Campus / Department</i>	<i>Classroom/Office Worked</i>	<i>Date(s) Substitute Duties Performed</i>

Part 2 - To Be Completed By Evaluator

INSTRUCTIONS for Part 2: For each of the indicators below, please select the descriptor 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.

	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory	Not Applicable
1. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Professional behavior with students/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Followed Lesson Plans OR Instructions Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Completed Assignments in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Used Good Judgment in Carrying Out Tasks Assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate the overall performance of this substitute? (Check one)
 Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

Would you request this substitute again? Yes No

Comments

Evaluator

<i>First Name</i>	<i>Last Name</i>	<i>Date</i>
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Please note that this evaluation may be shared with Substitute if requested.

ORIGINAL to Human Resources COPY to Principal