

SUBSTITUTE TEACHER FEEDBACK FORM

SUBSTITUTE: _____ ASSIGNED DATES: _____

TEACHER: _____ GRADE/SUBJECT: _____ SCHOOL: _____

This evaluation is to be completed by the office staff, teacher, and/or principal on the first day following the substitute's teaching assignment and forwarded to Human Resources.

TO BE COMPLETED BY OFFICE STAFF		YES	NO
1.	Cooperative with school staff		
2.	Arrived on time and observed school schedules		

TO BE COMPLETED BY TEACHER		YES	NO
1.	Followed lesson plans		
2.	Left room and materials in good condition		
3.	Favorably received by students		
4.	Used acceptable methods of classroom control based on reports, observations, classroom condition, etc.,		
5.	Left summary of the day's activities		
6.	Eligible to work in your classroom again		

SUMMARIZATION: (Please Circle)	Excellent	Satisfactory	Unsatisfactory
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Comments: _____

Teacher's Signature

Date

TO BE COMPLETED BY PRINCIPAL	YES	NO
Would this substitute be acceptable to work in your school again? (If no, please explain)		

	YES	NO
Would you recommend this substitute work at any other sites? (If no, please explain)		

	Upper	Lower
Would you recommend this substitute work in upper or lower grades? (please explain)		

Was there a conference with the substitute?	YES	NO	DATE
If so please complete a small summary			

Comments: _____

Principal's Signature

Date

HR USE ONLY	Date received:	By: