



Alvord Unified School District

Classified Substitute Performance Evaluation

Substitute's Name (First & Last)

Date of Assignment

Position/Assignment

Site/Department

LONG TERM ASSIGNMENT

From (Period) To

DAILY: _____
Date

Comments:

Rating: + = Strong
V = Standard
- = Weak
n/a = Not Applicable

1. Quality of Work

- ___ Accurate
- ___ Neat
- ___ Thorough

2. Quantity of Work

- ___ Fulfills Job Standards
- ___ Complies with Schedules and Deadlines

3. Work Habits

- ___ Complies with Work Instructions
- ___ Demonstrates Initiative
- ___ Uses Good Judgment
- ___ Complies with Rules, Regulations, Policies and Procedures
- ___ Able to Follow Simple Direction
- ___ Employs Efficient Planning Skills
- ___ Properly Uses and Cares for Supplies and Equipment
- ___ Communicates Effectively (orally)
- ___ Communicates Effectively (writing)

4. Personal Qualities

- ___ Demonstrates Positive Attitude
- ___ Demonstrates Dependability
- ___ Maintains Professional Appearance
- ___ Demonstrates Flexibility (able, willing to adapt)

5. Attendance

- ___ Observes Assigned Work Hours

I certify that I have had the opportunity to discuss this performance evaluation and understand that a copy will be placed in my Personnel file.

Substitute Employee Signature

Date

Principal or Designee's Signature

Date

Rater's Signature

Date

COMPLETE THIS SECTION ONLY FOR "DO NOT USE" LIST

Please be advised that I wish to have _____ placed on the **DO NOT USE** list of Classified substitutes for the above mentioned site/department for the following reasons:
