

HUNTINGTON BEACH CITY SCHOOL DISTRICT

SUBSTITUTE TEACHER'S RATING

Substitute Teacher: _____

Date(s) of Assignment: _____ School: _____

Grade/Subject: _____ Classroom Teacher: _____

Area For Evaluation	Excellent	Satisfactory	Unsatisfactory	No chance to observe	REMARKS
1. Followed instructional plans					
2. Classroom control					
3. Student comments					
4. Relationship with staff					
5. Personal qualities a. Attitude b. Appearance					

Teacher: Would you like to have this sub in your room again? YES NO

Teacher's Comments: _____

Teacher's Signature: _____ Date: _____

Principal: If a NO response has been circled above, is this substitute also to be **EXCLUDED** from your entire school site? YES NO

Date Principal spoke with substitute about this rating: _____

Principal's Comments: _____

Principal's Signature: _____ Date: _____

Please return to Human Resources AFTER substitute has been notified

Date Received in Human Resources: _____ Date Entered into Aesop: _____