

Classified Substitute Feedback Form

Substitute _____

Assigned Date(s) _____

Assignment _____

School _____

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

TO BE COMPLETED BY OFFICE STAFF

		YES	NO	N/A
1	Cooperative with school staff			
2	Followed through on assigned tasks			
3	Appropriate Dress for assignment			
4	Arrived on time and observed school schedules			
5	Professional attitude			

TO BE COMPLETED BY TEACHER

		YES	NO	N/A
1	Followed through on instructions given			
2	Used acceptable methods of classroom control			
3	Attentive to classroom and/or student			
4	Maintained confidentiality with sensitive information			
5	Ability to resolve conflict in a reasonable and responsible manner			
6	Knowledge and Ability to handle various situations(i.e. disruption in classroom or working with a child with learning disabilities)			
7	Eligible to work in your classroom again			

SUMMARIZATION (Please Circle)	Excellent	Good	Satisfactory	Unsatisfactory
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Comments _____

Teacher's Signature

Date

TO BE COMPLETED BY PRINCIPAL	YES	NO	DATE
Would this substitute be acceptable to work in your school again? (if no, please explain)			
Would you recommend this substitute to work at any other sites? (if no, please explain)			
Would you recommend this substitute work in other areas, or with specific ages? (please explain)			
Was there a conference arranged with the substitute?			
If so please complete a small summary. (use back of sheet if necessary or any attachment necessary)			

Comments: _____

Principal's Signature

Date

HR USE ONLY	Date received	Assistant Superintendent	Sub clerk
Date sent:			