

## **Substitute Teacher Evaluation Form**

This form is to be completed by the building administrator or classroom teacher on the first day following the substitute's teaching assignment. Thank you for your cooperation and feedback.

Substitute Name	Date of assignment
Principal	School
Full Time Teacher Name	Grade/Subject

<b>Please rate the substitute teacher on the following items:</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Followed provided lesson plans			
Supplied students with teacher provided hand-outs			
Collected any necessary paperwork as requested by classroom teacher			
Left comments about each class taught/summary or work covered			
Provided a detailed list of any disciplinary actions taken			
Maintained discipline within the classroom			
Took attendance			
Left notes about absences and tardies			
Arrived on time and observed student schedules			
Readily adaptable to substitute teaching position			
Provided a favorable learning environment			
Maintained professional appearance/attitude			
Received favorably by students			
Cooperated with building staff			
Left room in an orderly condition			

\*N/A = Not Applicable

**Please comment on any strengths of the substitute teacher:**

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**Please comment on any areas for improvement of the substitute teacher:**

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**Would you want this person to substitute in your classroom again?**

**YES/NO**

**If no, please provide specific feedback:**

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Signature of person completing form

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Date