



TEACHER / PRINCIPAL EVALUATION FOR SUBSTITUTE TEACHER

Name of Substitute Teacher: _____

Location: _____ Date/Time of Assignment: _____

	YES	NO
On duty the required length of time	_____	_____
Readily adjusted to situation	_____	_____
Provided favorable learning situation	_____	_____
Used acceptable methods of control	_____	_____
Favorably received by students	_____	_____
Favorable attitude toward work	_____	_____
Left summary of work covered	_____	_____
Left room in favorable working condition	_____	_____

List strong characteristics: _____

List characteristics that need improvement: _____

List any other items not mentioned above: _____

If you prefer this substitute not be re-assigned to your building/classroom, please state reason:

Would you recommend this person for continued substitute services? YES NO

Summarize the quality of execution and implementation of the assignment by the substitute teacher:

_____ excellent _____ satisfactory _____ unsatisfactory

Date: _____

Teacher: _____

Principal: _____