



**Substitute Service Personnel Evaluation**  
(To be completed by Administrator or Supervisor)

Was there a sub packet for this job or schedule? YES or NO

SCHOOL: \_\_\_\_\_

Substitute's Name: \_\_\_\_\_ Classification: \_\_\_\_\_

	YES	NO
1. Did the substitute report to work on time?	_____	_____
2. Did the substitute complete assigned duties?	_____	_____
3. Did substitute follow school procedures, as directed?	_____	_____
4. Was the substitute courteous to staff and parents?	_____	_____
5. Was the substitute dressed appropriately for job assigned?	_____	_____
6. Substitute left at designated time?	_____	_____

Comments (Required for "No" responses):

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Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Return evaluations to Russell Penner*



## Morgan County Schools Substitute Cook Evaluation Form

SCHOOL: \_\_\_\_\_

Substitute's Name: \_\_\_\_\_

The Cook III is responsible for completing an evaluation form for each day a substitute cook 's services are required. If a substitute is hired for an extended time period, an evaluation may be completed.

	YES	NO	N/A
1. The substitute cook reported to work on time?	___	___	___
2. Substitute left kitchen facility clean and orderly?	___	___	___
3. Floors were scrubbed?	___	___	___
4. Dishes and silver cleaned?	___	___	___
5. Pots scrubbed?	___	___	___
6. Substitute followed directions?	___	___	___
7. Records completed?	___	___	___
8. To the best of knowledge the cook followed HACCP requirements?	___	___	___
9. Was cook neatly dressed?	___	___	___
10. Was jewelry removed? <i>(Plain wedding band only. No hoop earrings, bracelets, etc)</i>	___	___	___
11. Was hair net worn?	___	___	___
12. Was substantial footwear worn?	___	___	___
13. Substitute left at designated time?	___	___	___

COOK COMMENTS (Required for "No" responses:

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Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return evaluations to Russell Penner*