



## Substitute Teacher Evaluation Form

PART I: Completed by Substitute Teacher. When finished, please leave on teacher's desk.

Substitute's Name \_\_\_\_\_ Grade/Subject Taught \_\_\_\_\_  
Classroom Teacher \_\_\_\_\_ School \_\_\_\_\_  
Number of days in position \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Did you find substitute folder with instructions? | YES | NO |
| 2. Was emergency procedure information available?    | YES | NO |
| 3. Were lesson plans available and easy to follow?   | YES | NO |

### PART II: Completed by Classroom Teacher

- |   |     |    |
|---|-----|----|
| 1. Were lesson plans followed?                      | YES | NO |
| 2. Were papers checked?                             | YES | NO |
| 3. Left room in good order?                         | YES | NO |
| 4. Left a brief report concerning day's activities? | YES | NO |

Teacher's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### PART III: Completed by School Administrator

- |   |     |    |
|---|-----|----|
| 1. Did the substitute report to work on time?                             | YES | NO |
| 2. Did the substitute demonstrate flexibility in adjusting to assignment? | YES | NO |
| 3. Did substitute exhibit enthusiasm for job?                             | YES | NO |
| 4. Was the substitute appropriately groomed?                              | YES | NO |
| 5. Did the substitute employ appropriate instructional strategies?        | YES | NO |

Comments (Required for "No" responses:

---

---

---

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

***Return to Russell Penner***