

SUBSTITUTE EVALUATION FORM

Name of Substitute: _____

Date: _____ Site: _____

PERFORMANCE RATINGS	Exceeds Expectations	Meets Expectations	Skills Emerging	Needs Improvement
The Substitute's professionalism was: <i>(appropriate clothing, level of talk during class time, use of cell phone, etc.)</i>	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable		<input type="checkbox"/> Not Acceptable
The Substitute arrived for work:	<input type="checkbox"/> Early	<input type="checkbox"/> On Time		<input type="checkbox"/> Late
Interactions and engagement between the Substitute and the children were:	<input type="checkbox"/> Excellent <ul style="list-style-type: none"> • frequent • positive • open-ended 	<input type="checkbox"/> Good <ul style="list-style-type: none"> • responsive • timely • appropriate 	<input type="checkbox"/> Acceptable <ul style="list-style-type: none"> • appropriate • infrequent 	<input type="checkbox"/> Unacceptable <ul style="list-style-type: none"> • nonexistent • inappropriate
Interactions between the Substitute and the staff were:	<input type="checkbox"/> Excellent <ul style="list-style-type: none"> • professional at all times • little to no guidance needed 	<input type="checkbox"/> Good <ul style="list-style-type: none"> • able to follow directions with little guidance 	<input type="checkbox"/> Acceptable <ul style="list-style-type: none"> • appropriate • follows directions with guidance 	<input type="checkbox"/> Unacceptable <ul style="list-style-type: none"> • inappropriate conversation while in the classroom • does not follow directions

Notes/Additional Comments/Explanations for "Exceeds" or "Needs Improvement" **(be specific)**

Signature/Title of Evaluator: _____