

Classified/Hourly Substitute Evaluation Form

Classified/Hourly Substitute _____
Name

School _____ Date(s) of Assignment _____

Principal: Please complete. Check statement(s) which reflects your opinion:

Observation made? Yes No

Thoroughly capable and dependable

Services satisfactory

Insufficient observation to warrant evaluation

Substitute was late/no show/other. Substitute will need to have a counseling session before assigned to my school in the future. **

Should **NOT** be assigned in the future at your school**

****Comment required below**

Comments:

Principal/Designee Signature:

Please complete. Although you were not present while the substitute was in your classroom/area, please attempt to respond to the following statements:

Area Assisted: Paraprofessional SSN/SLS Para

Special Education Para Pre-School Para

Clerical Student Monitor Campus Supervisor

Media Clerk Other: _____

Followed instructions Yes No

Left room or area in good order Yes No

Maintained good discipline (as verified with colleagues) Yes No

Would request for future assignments Yes No

Comments or suggestions for improvement:

Staff Signature:

**** I understand that the Substitute Services Office will send a copy of this evaluation form to the substitute. An additional copy of this evaluation form will be maintained in the substitutes' human resource file. ****

HR USE ONLY: ER File Employee File Sub Office File