

## Guest Teacher Evaluation Form

Guest Teacher \_\_\_\_\_ Date(s) of Assignment \_\_\_\_\_  
Name

School \_\_\_\_\_ Grade/Subject \_\_\_\_\_

**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

Require additional training before assigned to my school\*\*

Guest Teacher was late/no show and needs 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:**

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Principal/Designee Signature:

**Classroom Teacher:** Please complete. Although you were not present while the guest teacher was in your classroom, please attempt to respond to the following statements:

Followed lesson plans  Yes  No

Left adequate summary of work covered  Yes  No

Left room in good order or replaced items used  Yes  No

Maintained good discipline (as verified with colleagues)  Yes  No

Would request for future assignments  Yes  No

**Comments or suggestions for improvement:**

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Classroom Teacher Signature:

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

**HR USE ONLY:**  ER File  Employee File  Sub Office File