

HUNTINGTON BEACH CITY SCHOOL DISTRICT

SUBSTITUTE TEACHER RATING

Substitute Teacher: _____ SubFinder ID# _____

Date(s) of Assignment: _____ School: _____

Grade/Subject: _____ Classroom Teacher: _____

Area For Evaluation	Excellent	Satisfactory	Unsatisfactory	No chance to observe	REMARKS
1. Followed instructional plans					
2. Classroom control					
3. Student Comments					
4. Relationship with staff					
5. Personal qualities a. Attitude b. Appearance					
6. Overall rating					

Teacher: Would you like to have this sub in your room again? YES NO

Teacher Comments: _____

Teacher Signature _____ Date: _____

Principal: If a NO response has been circled above, is this substitute also to be EXCLUDED from your entire school site? YES NO

Principal Comments: _____

Principal Signature _____ Date: _____

Please return to Human Resources at conclusion of assignment.

Date Received in Human Resources: _____ Date Entered into SubFinder: _____