

**NEW HAVEN UNIFIED SCHOOL DISTRICT
CERTIFICATED PERSONNEL**

EVALUATION OF SUBSTITUTE TEACHER

I. TO BE FILLED OUT BY SCHOOL OFFICE PERSONNEL

Substitute Teacher:	Classroom Teacher:
School:	Date of Assignment:
Class/Department:	Hours:

II. TO BE FILLED OUT BY PRINCIPAL OR DESIGNEE/S

A. This substitute was observed by:

B. How would you rate the substitute's overall performance?

- Outstanding (please explain in comments)
- Satisfactory
- Unsatisfactory (please explain in comments)

COMMENTS: _____

III. CONFERENCE DATE:

I do ___ do not ___ wish to have this person continue to be assigned to substitute at this site.

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Signature of Substitute

Signature of Site Administrator

The substitute teacher may submit a written statement within ten (10) days of the conference date. It will be attached to this form.

Copy 1: Personnel File

Copy 2: Substitute Teacher

Copy 3: Administrator