

SUBSTITUTE TEACHER EVALUATION FORM

Please e-mail the completed form to the Kelly Educational Staffing office at 51K8@kellyservices.com or fax to (570) 346-0346 . Thank you for your cooperation and feedback!

Substitute Teacher Name	Date	
Principal Name	School	
Full-Time Teacher Name	Grade/Subject	
Please rate the substitute teacher on the following items:	Yes	No
Followed lesson plans?	<input type="checkbox"/>	<input type="checkbox"/>
Provided favorable learning situation?	<input type="checkbox"/>	<input type="checkbox"/>
Used acceptable methods of control?	<input type="checkbox"/>	<input type="checkbox"/>
Projected favorable attitude while teaching?	<input type="checkbox"/>	<input type="checkbox"/>
Left summary of work covered?	<input type="checkbox"/>	<input type="checkbox"/>
Left the room in an orderly condition?	<input type="checkbox"/>	<input type="checkbox"/>
Readily adapted to substitute teaching situation?	<input type="checkbox"/>	<input type="checkbox"/>
Received favorably by students?	<input type="checkbox"/>	<input type="checkbox"/>
Cooperated with school staff?	<input type="checkbox"/>	<input type="checkbox"/>
Arrived on time and observed school schedules?	<input type="checkbox"/>	<input type="checkbox"/>
Strengths:		
Weaknesses:		
Performance Summary:		
<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Recommended for continued substitute teacher employment?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please answer the following questions regarding Kelly Services:		
Did the Kelly office communicate thorough information to you regarding your needs for this substitute teacher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the Kelly staff helpful and cooperative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Comments:		