

**SAN CARLOS SCHOOL DISTRICT  
SUBSTITUTE TEACHER FEEDBACK FORM**

Please provide feedback on the performance of substitute teachers. **RETURN ALL FORMS TO THE HUMAN RESOURCES DIRECTOR.**

NAME OF SUBSTITUTE TEACHER	CLASS	SCHOOL SITE
DATE WORKED (For single day only) Month      Day      Year	DATES WORKED (When working more than one day) Month   Day   Year      TO      Month   Day   Year	

<b>OBSERVATIONS</b>	<b>YES</b>	<b>NO</b> (NEEDS IMPROVEMENT)	<b>DID NOT</b> <b>OBSERVE</b>
1. Did the Substitute Teacher observe appropriate work hours? (If there were mitigating circumstances, please explain)	_____	_____	_____
2. Did the Substitute Teacher dress appropriately?	_____	_____	_____
3. Did the Substitute Teacher follow the teacher's lesson plans and/or directions?	_____	_____	_____
4. Did the Substitute Teacher follow through with the established behavior management program in the classroom?	_____	_____	_____
5. Did the Substitute Teacher properly supervise the students?	_____	_____	_____
6. Did the Substitute Teacher interact well with the staff?	_____	_____	_____
7. Did the Substitute Teacher show initiative in identifying and following through with classroom needs?	_____	_____	_____
8. Did the Substitute Teacher exhibit good judgment in his/her dealings with:			
a. Students	_____	_____	_____
b. Staff	_____	_____	_____
c. Parents	_____	_____	_____
9. Would you want the Substitute Teacher to serve in your class again?	_____	_____	_____

**COMMENTS OF OBSERVER:** Please state specific behaviors observed if you responded "no" to any of the above items or list any commendations.

**SUGGESTIONS:** Can you suggest ways the substitute teacher can address the items you responded "no" to in the above items.

SIGNATURE OF OBSERVER:	TITLE OF OBSERVER	DATE SIGNED
------------------------	-------------------	-------------