

Exeter Unified School District
SUBSTITUTE TEACHER EVALUATION

134 South E Street
 Exeter, CA 93221

Date: _____

Substitute's Name _____ Regular Teacher _____

School _____ Assignment/Grade _____ Length of Assignment _____ day(s)

Please indicate your rating of the substitute by placing a check mark in the appropriate column and return this form to your site principal.

	A S S E S S M E N T			
	Excellent	Satisfactory	Needs Improvement	Unsatisfactory
1. Effective use of teacher's plans				
2. Flexibility/adaptability				
3. Classroom control				
4. Relationship with students				
5. Relationship with staff				
6. Planning and organization (more than one day)				
7. General competency				

Would you like to have this person return as a substitute teacher? Yes No

Comments: _____

Signature of Regular Teacher: _____

OFFICE MANAGER'S COMMENTS	A S S E S S M E N T			
	Excellent	Satisfactory	Needs Improvement	Unsatisfactory
1. Substitute arrived on time				
2. Professional dress attire				
3. Overall attitude				
4. General competency				

Signature of Principal: _____

Principal: Please sign and forward this form to the office of the superintendent.

Superintendent's Signature: _____

The employee is entitled to meet with the evaluating site principal and the regular teacher to discuss this evaluation and/or employee may comment upon this report in writing within ten working days of receiving a copy. This report and the employee's comments will be placed in the employee's personnel file within ten working days of receipt.