

Exeter Unified School District
Classified Substitute Evaluation

Substitute Name: _____

Subbing for: _____

Date: _____ **Site:** _____

Circle the rating, 1 being the worse, 5 being the best:

1. Arrived on time and ready to work?

1 2 3 4 5

2. Followed directions?

1 2 3 4 5

3. Had positive interactions with staff and students?

1 2 3 4 5

4. Completed tasks to an acceptable level?

1 2 3 4 5

5. Demonstrated initiative?

1 2 3 4 5

6. Overall quality of work.

1 2 3 4 5

Evaluators Signature: _____

Comments: _____

Supervisors Signature: _____

Superintendents Signature: _____