

**CUTLER-OROSI JOINT UNIFIED SCHOOL DISTRICT
SUBSTITUTE EVALUATION FORM**

SUBSTITUTE: _____ **TEACHER:** _____

SCHOOL SITE: _____ **DATE:** _____

GRADE/SUBJECT: _____

SUBSTITUTE'S REPORT TO TEACHER

Activities and lesson plans carried out?..... Yes No

Comments: _____

Activities not completed or carried out: _____

Any new projects started?..... Yes No

Comments: _____

Were homework/worksheet papers checked?..... Yes No

Particularly helpful children _____

General class behavior: Excellent___ Satisfactory___ Poor___

Were you able to find the lesson plans and substitute folder easily?..... Yes No

Were all materials needed for the lesson(s) readily available?..... Yes No

Additional comments: _____

Substitute Signature: _____ Date: _____

TEACHER'S EVALUATION OF SUBSTITUTE

Were lesson plans followed?..... Yes No

If not, why? _____

Were papers checked for the work given?..... Yes No

Did substitute leave room as found on arrival?..... Yes No

Was proper classroom discipline maintained?..... Yes No

Problems: _____

Would you request this substitute again?..... Yes No

If not, why? _____

Were other required duties observed? (yard, recess, lunch, etc.)..... Yes No

Would this substitute function better in a different grade or subject area?..... Yes No

Why? _____

Was substitute cooperative with other school staff?..... Yes No

Did substitute observe school/classroom schedules?..... Yes No

Was substitute favorably received by students?..... Yes No

Additional comments: _____

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____