



# Substitute Teacher Evaluation Notice





# Substitute Teacher Evaluation Form

\_\_\_\_\_ served as a substitute teacher at  
Name

\_\_\_\_\_ in \_\_\_\_\_ on \_\_\_\_\_.  
School Grade and/or Subject Assigned Date(s)

I am submitting the following evaluation of his/her services based upon my personal observation and/or verified input from other district personnel with direct knowledge (attached if applicable).

|  | Excellent | Good | Fair | Poor |
|--|-----------|------|------|------|
| 1. Ability to teach grade or subject .....         |           |      |      |      |
| 2. Skill in handling pupils .....                  |           |      |      |      |
| 3. Preparation, care of register, reports .....    |           |      |      |      |
| 4. Health and appearance .....                     |           |      |      |      |
| 5. Attitude toward class.....                      |           |      |      |      |
| 6. Attitude toward suggestions.....                |           |      |      |      |
| 7. Relations with parents and/or other staff ..... |           |      |      |      |