

# PASADENA INDEPENDENT SCHOOL DISTRICT

## Substitute Evaluation Form

Substitute Teacher/Aide's Name	Classroom Teacher/Aide's Name
Grade Level/Subjects Taught	Date(s) of Assignment
Campus	

**INSTRUCTIONS:** For each of the items below, circle the number to the right which closely represents your view. Add any comments at the bottom that you feel is appropriate.

<b>4- Strongly Agree</b>	<b>2- Disagree</b>
<b>3- Agree</b>	<b>1- Strongly Disagree</b>

1. The substitute teacher followed the lesson plans you provided.	4	3	2	1	NA
2. Assignments given were corrected and organized for your review	4	3	2	1	NA
3. The substitute handled the class appropriately.	4	3	2	1	NA
4. Your desk and classroom were as organized as you left them.	4	3	2	1	NA

**Comments:** \_\_\_\_\_

**I understand that this form will be placed in the substitute's permanent folder. To my knowledge the information is accurate.**

**I would like to have this substitute in my classroom again.**  Yes  No

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

**Principal or Designated Campus Administrator:**

Please note that this evaluation will be placed in the substitute's permanent folder, therefore it is important that all information is **accurate** and **appropriately** stated.

Prompt arrival on campus  Yes  No  
 Cooperative with staff members  Yes  No

I recommend that this substitute be allowed to continue working on my campus.  Yes  No  
**Comments required if No is marked.**

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_ Check here to indicate that the principal has discussed this evaluation with the substitute.