



**NORTH EAST INDEPENDENT SCHOOL DISTRICT
SUBSTITUTE TEACHER EVALUATION**

Substitute Teacher's Name (Print): _____

Classroom Teacher's Name (Print): _____

Campus: _____ Subject: _____ Grade: _____

Substitute's Job Assignment Date(s): _____

Instructions: For each of the items below, **circle the descriptor** that most closely represents the substitute's performance. Please include your comments below. This will provide our office with feedback, as well as assist us in understanding the reason for your ratings.

4 = Excellent 3 = Good 2 = Average 1 = Poor N = Not Applicable

1. Punctuality	4	3	2	1	N/A
2. Followed Lesson Plan and Schedule	4	3	2	1	N/A
3. Accuracy of Attendance and Other Forms	4	3	2	1	N/A
4. Handling of Student Discipline	4	3	2	1	N/A
5. Teaching Methods/Instructional Strategies	4	3	2	1	N/A
6. Knowledge of Subject Matter Taught	4	3	2	1	N/A
7. Professional Behavior With Students	4	3	2	1	N/A
8. Left Notes for Teacher at End of Day	4	3	2	1	N/A

How would you rate the overall performance of this substitute? (Please check one)

_____ Excellent _____ Good _____ Poor _____ Unacceptable

Comments: _____

Evaluator's Signature: _____ Date: _____

Please note that this evaluation may be shared with the substitute, if requested.

Original to Human Resources Dept.

Copy to Principal