

Mason County Schools

Substitute Teacher Evaluation Summary

Evaluation of substitute in position one day - up to 9 weeks.

School: _____
 Teacher: _____
 Subject & Grade: _____

Substitute: _____
 Date(s) in position: _____

Part 1: To be completed by the classroom Teacher

	Satisfactory	Unsatisfactory	N/A	Comments/Commendations/Concerns:
1. Lesson plans were followed.				
2. Assignments were checked.				
3. Daily documentation was left.				
4. Classroom left in good order.				
5. Classroom procedures were followed.				
6. Maintained appropriate record keeping.				
7. Other areas of interest or concern:				
A.				
B.				
C.				
D.				

Signature of classroom teacher: _____ Date: _____

Observation of substitutes performance is based on the findings of the classroom teacher upon returning from their absence.

Part 2: To be completed by the Administrator

	Satisfactory	Unsatisfactory	N/A	Comments/Commendations/Concerns:
1. Reported & departed on time.				
2. Maintained proper classroom control.				
3. Out of class responsibilities.				
4. Appropriate teaching techniques.				
5. Classroom procedures were followed.				
6. Maintained appropriate record keeping.				
7. Other areas of interest or concern:				
A.				
B.				
C.				
D.				

Signature of evaluating Administrator: _____ Date: _____

Please file at the participating school for future reference and provide the Professional Personnel Office with a copy for review. This evaluation (along with any attached documents) will be added to the substitute's personnel file and provided to the substitute.

If the substitute chooses to respond in writing, the written reply will be provided to the school and attached to the evaluation then added to the substitute's file.