

PRESCOTT UNIFIED SCHOOL DISTRICT
Substitute Teacher Evaluation

TO BE COMPLETED BY ADMINISTRATOR OR DESIGNEE:

Substitute: _____ School: _____
Grade/Class Assignment: _____ Date: _____
Evaluator: _____ Name of Teacher _____
Did the substitute demonstrate a positive attitude? ___ Yes ___ No
Was the substitute interacting with students? ___ Yes ___ No
Did the substitute demonstrate adequate supervision ___ Yes ___ No
Comments:

TO BE COMPLETED BY THE TEACHER:

Were your instructions/lesson plans followed correctly? ___ Yes ___ No
Were records and papers kept in good order? ___ Yes ___ No
Student reaction: _____ Positive _____ Negative _____

Please explain briefly:

_____ Would you wish
to have this substitute in your classroom again? ___ Yes ___ No

Comments:

Teacher's Signature

Date

Teachers: Please give evaluation to Principals

Principals: Please send completed form to Personnel Office