

FULLERTON JOINT UNION HIGH SCHOOL DISTRICT

SUBSTITUTE TEACHER EVALUATION FORM

SUBSTITUTE NAME: _____ DATE: _____

TEACHER: _____ SUBJECT(S): _____ SCHOOL: _____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Did the Substitute follow your lesson plans, which include notes to indicate progress and areas covered during each period?	_____	_____	_____
2. Did the Substitute maintain order in the classroom?	_____	_____	_____
3. Did the Substitute have positive instructional skills?	_____	_____	_____
4. Did the Substitute leave the room in an orderly condition?	_____	_____	_____
5. Would you like to have this Substitute again?	_____	_____	_____
6. Would you like to add this Substitute to your priority list?	_____	_____	_____

Comments: _____

OVERALL RATING: Outstanding _____ Satisfactory _____ Unsatisfactory _____
(must include comments above)

Teacher Date