

**AMADOR COUNTY UNIFIED SCHOOL DISTRICT
EVALUATION OF SUBSTITUTE TEACHER PERFORMANCE**

THIS REPORT WILL BE KEPT ON FILE AND MAY BE SHARED WITH THE SUBSTITUTE
SUBSTITUTE'S NAME: _____

DATE SUBSTITUTED: _____

TEACHER'S NAME: _____

	YES	NO
1. Did the substitute follow the lesson plans?	_____	_____
2. Did the substitute leave the room and materials in good condition?	_____	_____
3. Based on reports, classroom condition, etc., do you feel that the substitute had acceptable classroom control?	_____	_____
4. Did the substitute leave an adequate report of the day's activities?	_____	_____
5. Would this substitute be eligible to work in your class again?	_____	_____

TEACHER'S COMMENTS:

MUST BE SIGNED BY ADMINISTRATOR

	YES	NO
1. Did you observe this substitute teaching?	_____	_____
2. Did you talk/communicate with this substitute?	_____	_____
3. Would this substitute be acceptable to work at your school site again? (If no, please explain)	_____	_____

PRINCIPAL'S COMMENTS:

SIGNATURE OF PRINCIPAL (DESIGNEE)

PLEASE RETURN THIS FORM TO THE DIRECTOR OF PERSONNEL

*****A COPY OF AN UNSATISFACTORY EVALUATION WILL BE PROVIDED TO THE EMPLOYEE*****