



Substitute Teacher Evaluation Form

This form is to be completed by the principal and/or teacher on the day following the substitute's teaching assignment. Upon completion, please scan and email to 20HF@kellyservices.com or fax to the Kelly office at **904-332-9663**. Thank you for your feedback.

Substitute Name:	Date:
Principal:	School:
Full Time Teacher Name:	Grade/Subject:

Please rate the substitute teacher on the following items:	Yes	No
Followed lesson plans		
Provided a favorable learning situation		
Used acceptable methods of control		
Projected a favorable attitude while substituting		
Left summary of work covered		
Left the room in an orderly condition		
Readily adapted to substituting situation		
Received favorably by the students		
Cooperated with school staff		

Strengths:

Weaknesses:

Performance Summary: ___ Excellent ___ Satisfactory ___ Unsatisfactory

Recommended for continued substitute employment? ___ Yes ___ No

Additional Comments:
