

SISD REPORT OF SUBSTITUTE TEACHER PERFORMANCE

Name: _____
Classroom teacher: _____
Grade: _____

Time or date: _____
Campus: _____
Subject: _____

Part I: Substitute teacher report

Were lesson plans, seating chart, student information, and other information provided to you?

Yes No

Activities performed (Check items completed.)

- Check attendance
- Made daily announcements
- Followed lesson plans and other instructions
- Completed summary of lessons and student work covered
- Completed summary of successes and problems
- Informed teacher of any student, procedural, or instructional concerns
- Straightened classroom and left area neat and orderly
- Performed hall, playground, or other assigned duty

Comments (Attach additional page if needed.)

Substitute teacher signature

Date

Part II: Classroom teacher report

Activities completed by the substitute teacher (Check items completed.)

- Followed lesson plans satisfactory
- Provided summary of lessons and student work completed
- Provided summary of successes and problems
- Left classroom in good order

Did the individual show initiative?

Yes No

Would you want this individual to substitute for you again?

Yes No

If no, please provide reason(s). Comments (Attach additional page if needed.)

Classroom teacher signature

Date

REPORT OF SUBSTITUTE TEACHER PERFORMANCE

Part III: Administrator report

Performance observation (Check activities performed.)

	Yes	No	No Opportunity to observe
Remained on duty the required length of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readily adjusted to situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided positive learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used appropriate classroom management techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managed student behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established rapport with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showed initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you want this person assigned to your campus again?

Yes No

If no, please provide reason. Comments (Attach additional if needed.)

Do you recommend this person for continued substitute service?

Yes No

Principal signature

Date

Part IV: Human Resources Response

Director of HR signature

Date