

SANTA MARIA-BONITA SCHOOL DISTRICT

Substitute Teacher Evaluation

Name of Substitute: \_\_\_\_\_

Date(s) of substitution: \_\_\_\_\_

Name of School: \_\_\_\_\_

TO BE COMPLETED BY REGULAR CLASSROOM TEACHER:

Table with 3 columns: Question, YES, NO. Contains 6 evaluation questions regarding substitute teacher performance.

COMMENTS (Required if "NO" is checked above) \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Teacher: \_\_\_\_\_ Paraeducator \_\_\_\_\_

TO BE COMPLETED BY ADMINISTRATOR:

Table with 3 columns: Question, YES, NO. Contains 3 evaluation questions regarding administrator observations.

COMMENTS \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Asst. Supt., Personnel Services: \_\_\_\_\_ Date: \_\_\_\_\_