



DeKalb County School District

2013 -2014 Annual Substitute Evaluation

Substitute's Name _____ EID Number _____

School _____

Administrator _____ Date _____

This section to be completed by the substitute employee

This section to be completed by school administrator

CLASSROOM PROCEDURES	Satisfactory	Needs Improvement	Unsatisfactory
Implements teacher lesson plans			
Demonstrates age-appropriate classroom management; Actively involved in classroom supervision			
Takes appropriate steps to ensure student safety			
Establishes good rapport with students and staff			
Takes responsibility for attendance and other school procedures			
Follows instructions left by teacher			
Leaves room in neat and orderly manner			
COMMUNICATION			
Demonstrates clarity in verbal presentation			
Communicates effectively with school staff			
Seeks assistance when necessary and appropriate			
Leaves clear communications for absent staff member			
GENERAL			
Demonstrates punctuality, arrives on time			
Notifies school of late arrival and other issues			
Performs duties as assigned by school			
Dresses appropriately and professionally			
Adheres to DCSD and individual school policies			
Performs ALL required duties (i.e. lunch duty, bus duty, etc.)			
OVERALL Evaluation			

Administrator's signature: _____

Number days/assignments at this location _____

Date: _____

COMMENTS:

**PLEASE SUBMIT THIS FORM TO COLLEEN MCKENZIE
IN THE DIVISION OF HUMAN RESOURCES.**