



Substitute Teacher Evaluation Form

Substitute Teacher to complete this box only and then leave this form in teacher's mailbox.

Substitute Teacher Name: _____

Name of Full-Time Teacher Substitute is Replacing: _____

School Assigned to: _____

Assignment Dates: _____

All areas below this line are to be completed by the full-time teacher on the first day following completion of the substitute's assignment.

Completed By: _____

Date: _____

	Exceeds Expectations	Meets Expectations	Marginally Meets Expectations	Significantly Below Expectations
Classroom Management				
Lesson Plan Execution				
Left Summary of Work Covered				
Left Room in Orderly Condition				
Professionalism w/Students and Teachers				

Strengths / Weaknesses / Other Comments *(Please attach additional pages as necessary.)*

Please fax to Kelly upon completion -- 504-362-7131 or
E-mail to 2961@kellyservices.com