SAN DIEGO CITY SCHOOLS

Human Resource Services Division

CLASSIFIED SUBSTITUTE PERFORMANCE REPORT (CLASSROOM)

CLASSIFIED SUBSTITUTE COMPLETES: A. 1. Name: 2. Telephone: _____ 4. Employee ID#_____ 3. Position (ie., IBT, SET, SEA, CDA): (Required) 5. School/Site: 6. Substitute for: 7. Program: 8. Date(s) of assignment: В. SITE ADMINISTRATOR COMPLETES: Scale: 1 - Superior; 2 – Satisfactory; 3 – Unsatisfactory; 4 – Not observed NOTE: For each area marked unsatisfactory (3); please provide a narrative explaining the specific performance deficiencies. 1. () Communication skills, oral and written: carries out verbal/written instructions/follows schedule. Accepts and follows directions willingly. 2. () 3. () Effectiveness with pupils: relates to students in a positive, respectful manner. 4. () Interpersonal working relationships: works and relates well with others. Observance of work hours: dependable and punctual attendance. 5. () Operation and care of equipment/material: takes responsibility for careful use. 6. () Productivity/quality of work: completes acceptable level of quality work. 7. () 8. () Initiative: works well with minimal direction, does what needs doing. COMMENTS: **OVERALL PERFORMANCE** () Superior () Satisfactory* * For an unsatisfactory evaluation, it is recommended, if reasonably possible, that a conference be held between the evaluating administrator and the classified substitute. Date of conference: DO NOT assign again to () teacher's classroom () school site

> Fax evaluations to: (619) 686-6650 Attention: Substitute Management Unit

Date:

A copy of all superior and/or unsatisfactory evaluations will be sent to the substitute employee by HRSD.

Signature of Administrator/Supervisor, or Teacher: