

CATAMOUNT SCHOOL SUBSTITUTE TEACHER EVALUATION FORM

Please e-mail the completed form to the Kelly Educational Staffing office at sherry_read@kellyservices.com or fax to (828) 654-9977. Thank you for your cooperation and feedback!

Substitute Teacher Name	Date	
Principal Name	School	
Full-Time Teacher Name	Grade/Subject	
Please rate the substitute teacher on the following items:		
	Yes	No
Followed lesson plans?	<input type="checkbox"/>	<input type="checkbox"/>
Provided favorable learning situation?	<input type="checkbox"/>	<input type="checkbox"/>
Used acceptable methods of control?	<input type="checkbox"/>	<input type="checkbox"/>
Projected favorable attitude while teaching?	<input type="checkbox"/>	<input type="checkbox"/>
Left summary of work covered?	<input type="checkbox"/>	<input type="checkbox"/>
Left the room in an orderly condition?	<input type="checkbox"/>	<input type="checkbox"/>
Readily adapted to substitute teaching situation?	<input type="checkbox"/>	<input type="checkbox"/>
Received favorably by students?	<input type="checkbox"/>	<input type="checkbox"/>
Cooperated with school staff?	<input type="checkbox"/>	<input type="checkbox"/>
Arrived on time and observed school schedules?	<input type="checkbox"/>	<input type="checkbox"/>
Strengths:		
Weaknesses:		
Performance Summary: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
Recommended for continued substitute teacher employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please answer the following questions regarding Kelly Services:		
Did the Kelly office communicate thorough information to you regarding your needs for this substitute teacher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the Kelly staff helpful and cooperative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Comments:		