



Carmel Unified School District

Substitute Teacher Evaluation Form

This form is to be completed by the teacher upon return to work, and then given to the Principal's Secretary at the site. The Evaluation Form will be forwarded to the Human Resources Office.

Substitute Name:	Date of assignment:
Teacher Name / Grade or Subject:	School:

Please mark Yes, No, or Not Applicable on the following items:	YES	NO	N/A
Followed provided lesson plans			
Supplied students with teacher provided materials			
Collected any necessary paperwork as requested by classroom teacher			
Left comments about each class taught/summary of work covered			
Provided a detailed list of any disciplinary actions taken			
Maintained discipline within the classroom			
Took attendance			
Left notes about absences and tardies			
Arrived on time and observed student schedules			
Readily adaptable to substitute teaching position			
Provided a favorable learning environment			
Maintained professional appearance/attitude			
Received favorably by students			
Cooperated with other staff members			
Left room in an orderly condition			



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Please comment on any strengths of the substitute teacher:

Please comment on any areas for improvement of the substitute teacher:

Performance Summary:

Excellent →		Satisfactory →		Unsatisfactory →	
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Please list reasons for a rating of Unsatisfactory:

Would you want this person to substitute in your classroom again? YES NO

Signature of Teacher

Date

Signature of Administrator

Date