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Classified Substitute Performance Feedback

Substitute Name: Building:

Substituted for: Date(s):

Immediate Building Supervisor: Please provide feedback on the classified substitute.

RATINGS: 1 Unsatisfactory 2 Needs Improvement 3 Satisfactory 4 Excellent

	Description	1	2	3	4	N/A
A	Carried out directions/duties					
B	Sought assistance when necessary and appropriate					
C	Left the work space clean and orderly					
D	Demonstrated punctuality and reported to assignment on time					
E	Was neat, professional, and appropriate in appearance and demeanor					
F	Related well and interacted effectively with students and staff					
G	Took appropriate steps to ensure student and staff safety and security					

Please comment on any strengths of the substitute:

Please comment on any areas of improvement for the substitute:

Would you want this person to substitute in your school again? If no, please explain why.

Date

Supervisor's Signature