

Performance Evaluation for

CERTIFICATED Sub Teachers CLASSIFIED Subs (all departments)

Name of Substitute				
Date(s) of Assignment		Total Number of Days		
	ASSIGN	IMENT		
Certifi	cated		Classifie	ed
School		School/	Department _	
Subject/Grade		Type of	Assignment _	
				(Clerical, Maintenance, etc.)
Person for Whom Substitute	d			
Substitute: Was p	unctual		Yes	No
•	nstrated appropriate appea	arance	Yes	No
	red instructions	-	Yes	No
	edgeable in assigned area		Yes	No
	om in an orderly fashion		Yes	No
	re attitude toward assignm	ent	Yes	No
	cted professionally with otl		Yes	No
OTHER COMMENTS				
Substitute recommended for future assignmentsYes Not at this cla Not for this po Not for IUSD				this position
Evaluation completed by				Date
Reviewed by				