

**Performance Evaluation
For
Certificated Sub Teachers
Classified Subs (all departments)**

Name of Substitute: _____

Date(s) of Assignment: _____ Total Number of Days: _____

Assignment (check one):

Certificated

Classified

School: _____

Department: _____

Subject/Grade: _____

Type of Assignment: _____

(clerical, maintenance, etc.)

Person for Whom Substituted: _____

- | | | | | | |
|-------------|---------------------------------------|--------------------------|-----|--------------------------|----|
| Substitute: | Was punctual | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | Demonstrated appropriate appearance | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | Followed Instructions | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | Knowledgeable in assigned area | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | Left room in an orderly fashion | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | Positive attitude toward assignment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | Interacted professionally with others | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Please comment on any strengths of the substitute: _____

Please describe any incidents that occurred: _____

Other comments: _____

Substitute recommended for future assignments? (Please check all that apply) Yes 1. Not in this class
 2. Not at this school site

Has this been communicated to the substitute? Yes No

Evaluation completed by: _____ Date: _____

Reviewed by: _____ Date: _____

Please fax or email form to AmberCrespi@iusd.org or ChristenFischer@iusd.org in Human Resources

Fax # (949) 936-5139