

SUBSTITUTE TEACHER EVALUATION
Human Resources Department
Lincoln Public Schools

Local sub: yes no

Name of Substitute Teacher: _____

Grade or Subject Taught: _____

Name of Regular Teacher: _____

Date(s) Taught: _____ AM only PM only

School: _____ ALL DAY

Arrived: _____ Left: _____

Evaluation

Satisfactory

Unsatisfactory

(to be completed by **teacher** only):

- | | | |
|--|-------|-------|
| 1. Left notes for teacher | _____ | _____ |
| 2. Kept physical facilities in order | _____ | _____ |
| 3. Recorded attendance properly | _____ | _____ |
| 4. Followed teacher's plans | _____ | _____ |
| 5. Issues assignments to students | _____ | _____ |
| Performed assigned duties satisfactorily | _____ | _____ |

Teacher's signature _____

I do not wish to have this substitute in my classroom (check to block this substitute)

(to be completed by **building administrator or designee** only):

- | | | |
|--|-------|-------|
| 1. Adhered to school policies | _____ | _____ |
| 2. Personal appearance acceptable | _____ | _____ |
| 3. Good classroom management | _____ | _____ |
| Performed assigned duties satisfactorily | _____ | _____ |

Administrator's signature _____

I do not wish to have this substitute in the building (check to block this substitute)

Comments about this substitute's performance (any unsatisfactory checks require clarification):
