

**Substitute Teacher Performance  
For Administrative Use Only**

Name \_\_\_\_\_ Time or date \_\_\_\_\_  
Classroom Teacher \_\_\_\_\_ Campus \_\_\_\_\_  
Grade \_\_\_\_\_ Subject \_\_\_\_\_

**NOTE:** The campus administrator should complete the following report. The assigned classroom teacher or another employee of the campus can provide information to the campus administration. This information will be used to determine whether or not a substitute will be recommended for removal from the district substitute list. **In areas of immediate concern in regards to student safety, the personnel department should be contacted immediately by phone.**

Activities **NOT** performed:

- Recorded attendance
- Followed lesson plans and other instructions
- Informed teacher of any student, procedural, or instructional concerns
- Straightened classroom and left area neat and orderly
- Performed hall, playground, or other assigned duty
- Remained on duty the required length of time
- Readily adjusted to assigned situations
- Provided positive learning environment
- Used appropriate classroom management techniques
- Managed student behavior
- Established rapport with students

Do you want this person assigned to your campus again?

Yes  No

**If no, please provide reasons:**

Do you recommend this person for continued district substitute service?

Yes  No

Comments:

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Administrator Signature

Date

Note: Complete, Sign, and Return Form to District Personnel Office