



# Certificated Substitute Feedback Form

(substitute teachers)

**STEP #1:** To be completed by the substitute teacher prior to beginning the assignment.

Substitute's name: \_\_\_\_\_ Date(s): \_\_\_\_\_  
Teacher (name): \_\_\_\_\_ Site: \_\_\_\_\_  
Grade / Subject: \_\_\_\_\_

I would appreciate your feedback in the areas listed below. By signing below, I understand that you will forward this completed form to the site administrator who will then forward it to the Personnel Department for review.

Substitute Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP #2:** To be completed by the regular classroom teacher following completion of the assignment.

	<u>Excellent</u>	<u>Adequate</u>	<u>Poor</u>
1. Followed lesson plan(s) as requested:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Left room/desk in order:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Followed through on work to completion (e.g., papers graded, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Left notes as to how the day went:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Students' reaction toward substitute teacher:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Worked effectively/professionally with others (e.g., students, staff, parents, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

**STEP #3:** To be completed by the Supervisor/Principal.

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Would you request this person (substitute) in the future?	<input type="checkbox"/>	<input type="checkbox"/>	Block from Employee?	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed this feedback with the substitute? (SEE BELOW)	<input type="checkbox"/>	<input type="checkbox"/>	Block from Site?	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE:** For feedback containing any 'Poor' selections in Step #2, the administrator must discuss with the substitute before submitting this form to Personnel. If the negative feedback has not yet been discussed with the substitute, Personnel will return the feedback form and not process any block requests until the discussion has taken place and the 'Yes' box above is checked.

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ 1st Warning    \_\_\_\_ 2nd Warning    \_\_\_\_ Removal From List    Other: \_\_\_\_\_

(the substitute will be provided a copy of this form and has the opportunity to provide a written response to negative ratings)