



Classified Substitute Feedback Form

(e.g., Paraeducator, Custodian, office/clerical, Campus Aid, etc.)

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

Substitute's name: _____ Date(s): _____
Subbing for (name): _____ Site: _____
Position: _____

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 Supervisor/Teacher following completion of the assignment.

	<u>Excellent</u>	<u>Adequate</u>	<u>Poor</u>
1. Skilled and efficient in performing the assigned duties:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Accepted authority and directions; demonstrated a high standard of behavior:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Followed through on work to completion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maintained a clean/safe environment for staff and students:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Worked effectively/professionally with others (e.g., staff, parents, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Worked effectively with students (if applicable):	<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)