



Substitute Teacher Evaluation Notice

TO: _____ Substitute
PRINCIPAL/SUPERVISOR: _____
SCHOOL: _____
DATE: _____

1. **Evaluation Performed**

This notice is to inform you that a substitute evaluation is being prepared based upon (check appropriate boxes):

- Your request for an evaluation to be performed.
- An observation of you on _____ by _____.
- Verified input from identified persons with direct knowledge.

2. **Right to Discuss**

- The evaluation is attached. If you desire, you may contact me within ten (10) work days to discuss the evaluation.
- The evaluation is not attached. The school will send you a copy by mail no later than ten (10) work days from today. You may contact me to schedule a meeting to be held within ten (10) work days after receipt of the evaluation.

3. **Right to Submit a Response**

Your substitute evaluation will be forwarded to Human Resource Services at the district office within 20 days from today. You may provide a written response to me at the meeting, if any, or send a response to Human Resource Services. Your response will be attached to the original evaluation.

4. **Right to Inspect Personnel File**

Upon notice to the appropriate Director of Human Resource Services, you may schedule an appointment to review your personnel file, and/or substitute assignment status, at any time.

Reference: Article 6.8 of SCTA Agreement, SCUSD AR 4121, and Education Code 44953



Substitute Teacher Evaluation Form

_____ served as a substitute teacher at
Name

_____ in _____ on _____
School Grade and/or Subject Assigned Date(s)

I am submitting the following evaluation of his/her services based upon my personal observation and/or verified input from other district personnel with direct knowledge (attached if applicable).

	Excellent	Good	Fair	Poor
1. Ability to teach grade or subject				
2. Skill in handling pupils				
3. Preparation, care of register, reports				
4. Health and appearance				
5. Attitude toward class.....				
6. Attitude toward suggestions.....				
7. Relations with parents and/or other staff				
8. Potential for regular employment				

I request that this substitute NOT be assigned to this school again this school year for the following reasons: _____

Administrator/Supervisor Signature Name (Please Print): _____
Position (Please Print): _____
School/Dept: _____ Date: _____

Substitute's Signature Name (Please Print): _____
Date: _____

(Signature only acknowledges receipt of a copy of this evaluation.)

Reference: Article 6.8 of SCTA Agreement, SCUSD AR 4121, and Education Code 44953

Distribution: Director of Human Resource Services (Personnel File), Principal, Substitute