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|  | **Human Resource Services** |
| **Classified Substitute Evaluation** |
| This evaluation is to be completed by school of assignment upon completion of  three (3) or more consecutive days of service, or as otherwise deemed appropriate. |

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| **Substitute**  **Employee Name:** | | | **Assigned**  **Date(s):** | |
| **Classification** | Sub Aide | Sub Campus Monitor | | Sub Custodian |
| **Filled:** | Sub Spec Ed Aide | Sub Clerical | | Sub Warehouse Worker |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evaluation** | **Excellent** | **Average** | **Below Average** | **Comments** |
| **General** |  |  |  |  |
| Work Performance |  |  |  |  |
| Punctuality |  |  |  |  |
| **Clerical** |  |  |  |  |
| Typing Skills |  |  |  |  |
| Writing, Spelling and  Grammar Skills |  |  |  |  |
| Job Performance |  |  |  |  |
| Ability to Work Effectively With Students and Staff |  |  |  |  |
| Ability to Follow Written and Oral Instructions |  |  |  |  |
| Pupil Management Skills  (if applicable) |  |  |  |  |

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| --- |
| Do you wish to have this substitute return for future assignments?    Yes    No (If no, please explain.) |
| Comments: |

|  |  |  |
| --- | --- | --- |
|  |  | Name (Please Print): |
| Administrator/Supervisor |  | Position (Please Print): |
| Signature |  | Site/School/Dept:  Date: |

This report has been reviewed and discussed with me, and I have received a copy of it. My signature does not necessarily signify agreement.

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|  |  | Name (Please Print): |
| Principal/Supervisor |  | Position (Please Print): |
| Signature |  | Site/School/Dept:  Date: |

|  |  |  |
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|  |  |  |
| Witness Verification (to be used if employee is unwilling to sign) |  | Date |

**Notice to Employee**: A copy of this document will be placed in your permanent personnel file in accordance with Education Code 44031. You may attach a written response.

*White original and yellow copy to be forwarded to Human Resource Services, Box 770. Pink copy retained by site/office.*

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