



# 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.*

<b>Substitute Employee Name:</b>		<b>Assigned Date(s):</b>	
<b>Classification Filled:</b>	<input type="checkbox"/> Sub Aide	<input type="checkbox"/> Sub Campus Monitor	<input type="checkbox"/> Sub Custodian
	<input type="checkbox"/> Sub Spec Ed Aide	<input type="checkbox"/> Sub Clerical	<input type="checkbox"/> Sub Warehouse Worker

Evaluation	Excellent	Average	Below Average	Comments
<b>General</b>				
Work Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clerical</b>				
Typing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing, Spelling and Grammar Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Job Performance</b>				
Ability to Work Effectively With Students and Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to Follow Written and Oral Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pupil Management Skills (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Comments:

_____ Administrator/Supervisor Signature	_____ Name (Please Print): _____ Position (Please Print): _____ Site/School/Dept: _____ Date: _____
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This report has been reviewed and discussed with me, and I have received a copy of it. My signature does not necessarily signify agreement.

_____ Principal/Supervisor Signature	_____ Name (Please Print): _____ Position (Please Print): _____ Site/School/Dept: _____ Date: _____
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_____ Witness Verification (to be used if employee is unwilling to sign)	_____ Date
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**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.*