

Substitute Teacher Evaluation Notice

TO:			Substitute			
PRIN	CIPAL/SUPE	RVISOR:				
SCHO	OOL:					
DATI	E :					
1.	Evaluation 1	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 Dis	<u>scuss</u>				
		The evaluation is attached. If you desire, you may contact me withit work days to discuss the evaluation.	n ten (10)			
		The evaluation is not attached. The school will send you a copy b later than ten (10) work days from today. You may contact me to s meeting to be held within ten (10) work days after receipt of the evaluation.	chedule a			

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 Evaluation Cover Sheet

TO:	Di	rector, Human Resource Se	rvices	DATE:					
I am forwarding a substitute teacher evaluation form for placement in the appropriate personnel file. The substitute teacher has (check appropriate boxes):									
1.		Received the evaluation in OR	person on:	Date					
		Was mailed the evaluation	on:	Date					
2.		Requested a meeting and a OR	n meeting was held	d					
		Did not request a meeting	as of:	Date					
3.		Provided a written respons	n which is enclosed.						
		Did not provide a written response.							
4.		I request that the substitute not be assigned to my school for the remainder of the school year.							
Name (Please Print): Administrator/Supervisor Signature									
110.		auoi, supervisor signature	Position (Please Pri	nt):					
			School/Dept:	Date:					

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



Substitute Teacher Evaluation Form

N.			served a	s a substitute	teacher at						
Name											
	in		O1	On Assigned Date(s)							
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											
8. Potential for regular employment											
☐ I request that this substitute NOT be assigned to this school again this school year for the following reasons:											
	Name (Pleas	se Print):									
Administrator/Supervisor Signature	Position (Ple	ease Print):									
	School/Dept:			Date:							
	Name (Pleas	se Print):									
Substitute's Signature	Date:										

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

<u>Distribution</u>: Director of Human Resource Services (Personnel File), Principal, Substitute

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