



# Human Resource Services

## Classified Substitute Evaluation

### Substitute Information

<b>Name:</b>		<b>Assignment Date:</b>	
<b>Substitute Position:</b>		<b>Employee ID:</b> <i>(HR Use Only)</i>	
<b>Site/Department:</b>			

### Ratings

	N/A	Poor	Satisfactory	Good	Excellent
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Ability to follow Written/Oral Instructions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Ability to work with Students/Staff</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Attention to detail</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					

**Did the school site provide substitute custodian with the "Custodial Work Assignment & Duties Form"?**

Yes:  No:  *If "Yes", please attach a copy of the form to this evaluation.*

**Do you wish to have this substitute return for future assignments?** Yes:  No:

**If you answered "No" to the above question, please explain why:**

*Comments:*

**Notice to Substitute:** A copy of this document will be placed in your personnel file in accordance with California Education Code 44031. You may provide a written response within 10 business days of receipt to this evaluation.

<b>Principal/Administrator Name:</b>	<b>Site:</b>
<b>Principal/Administrator Signature:</b>	<b>Date:</b>
<b>Position Title:</b>	
<b>Date Evaluation was Mailed to Substitute:</b>	