



educational
staffing

SUBSTITUTE TEACHER EVALUATION FORM

Please fax or e-mail the completed form to the Kelly Services office at 816-525-9989 or 361N@kellyservices.com. Thank you for your cooperation and feedback.

Substitute Teacher Name			Date		
Principal Name			School		
Full-Time Teacher Name			Grade/Subject		
Please rate the substitute teacher on the following items:			Yes	No	
Followed lesson plans?			<input type="checkbox"/>	<input type="checkbox"/>	
Provided favorable learning situation?			<input type="checkbox"/>	<input type="checkbox"/>	
Used acceptable methods of control?			<input type="checkbox"/>	<input type="checkbox"/>	
Projected favorable attitude while teaching?			<input type="checkbox"/>	<input type="checkbox"/>	
Left summary of work covered?			<input type="checkbox"/>	<input type="checkbox"/>	
Left the room in an orderly condition?			<input type="checkbox"/>	<input type="checkbox"/>	
Readily adapted to substitute teaching situation?			<input type="checkbox"/>	<input type="checkbox"/>	
Received favorably by students?			<input type="checkbox"/>	<input type="checkbox"/>	
Cooperated with school staff?			<input type="checkbox"/>	<input type="checkbox"/>	
Arrived on time and observed school schedules?			<input type="checkbox"/>	<input type="checkbox"/>	
Strengths:					
Weaknesses:					
Performance Summary: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory					
Recommended for continued substitute teacher employment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please answer the following questions regarding Kelly Services:					
Did the Kelly office communicate thorough information to you regarding your needs for this substitute teacher?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the Kelly staff helpful and cooperative?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional Comments: