



SUBSTITUTE TEACHER EVALUATION FORM

Please fax or e-mail the completed form to the Kelly Services office at (573)635-9649 or 362X@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:					