Print Form

SCHOOL DISTRICT OF CLAY COUNTY Substitute Teacher Evaluation

Name of Substitute Social Security Numb		er School Year				
This form should be used only after a minimum of ter recommend for removal from the substitute list.	n (10) days of substitut	te work O	R for those s	substitute te	eachers yo	u would
Please indicate by check mark your rating of the sub 1 = No basis for judgement; 2 = Below acceptable s					od; 5 = Ou	tstanding
Type:						
INSTRUCTIONAL		RATING				
Monitors students closely at all times to ensure safety of	students.	1	_ 2	<u> </u>	<u> </u>	5
Is punctual.			<u> </u>	3	<u> </u>	5
Dresses in a professional manner.			2	3	4	5
Displays a helpful attitude towards students.			2	3	4	5
Follows lesson plans; has alternative plans if teacher plans are unavailable.			2	3	<u> </u>	5
Performs "other" teacher dutiesas assigned.			<u> </u>	<u> </u>	4	5
Displays personal enthusiasm and generates student enthusiasm.			2	<u> </u>	4	5
Communicates effectively (oral or written).			2	<u> </u>	4	5
Is accurate in completing required reports.			2	<u> </u>	4	5
Maintains classroom atmosphere that is conducive to learning.			<u> </u>	<u> </u>	<u> </u>	5
Leaves classroom clean and organized.			2	<u> </u>	4	5
Overall rating of substitute's performance in the school:			Outstandin	a		
		☐ Meets Standards				
		☐ Below Standards				
		<u></u>				
Do you recommend that this person remain on our approved substitute list?			Yes		No	
Comments:						
Evaluations are held confidential for one year. After tha	t time, they are open to	the public	•			
DATE: SIGNED:						
SCHOOL: POSITION:						
PLEASE RETURN TO: Director of Instructional Personne Human Resources Division, Clay (900 Walnut Street, Green Cove Sp	County Schools	***************************************				

Provide original to Human Resources, a copy to the substitue, and retain a copy at the school site.