

PINELLAS COUNTY SCHOOLS

LONG TERM PROFESSIONAL SUBSTITUTE TEACHER EVALUATION

(USE THIS FORM AFTER 30 OR MORE DAYS IN A SINGLE CLASSROOM PLACEMENT PER F.S. 1012.35(3))

Name and School of Administrator Completing Evaluation Form (Please Print)

Name: _____ Phone: _____

E-mail Address: _____

School: _____ Official Position: _____

Name of Employee: _____

Between what dates have you known the work of the substitute? From: _____ To: _____

What subject(s) did the substitute teach? _____

What was your relationship to the substitute? _____

Please indicate by check mark on the continuum below your rating of the substitute in comparison with all others with whom you have had experience.

	5 (High)	4	3	2	1 (Low)	NA or Not Observed
<u>PROFESSIONAL QUALITIES</u>						
Knowledge of Job/Position						
Proficient in Instruction						
Planning and Preparation						
Takes Initiative						
Professional Attitude & Growth						
Attendance & Punctuality						

PERSONAL QUALITIES

Health, Vigor, Energy						
Creativity						
Personality						
Cooperation & Helpfulness						
Stability						
Professional Appearance						
Communicates Effectively						

Do you know of any reason why this person should not work with students? _____

Would you consider this person for additional long-term assignments? _____

If "NO", please provide an explanation. _____

ADDITIONAL COMMENTS: _____

Date: _____ Administrator's Signature: _____

Print Name: _____

Substitute's Signature: _____

Print Name: _____