

**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 subjects(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
<b>PROFESSIONAL QUALITIES</b>						
<b>Knowledge of Job/Position</b>						
<b>Proficient in ELA Instruction</b>						
<b>Proficient in Mathematical Instruction</b>						
<b>Planning and Preparation</b>						
<b>Takes Initiative</b>						
<b>Professional Attitude &amp; Growth</b>						
<b>Attendance &amp; Punctuality</b>						

**PERSONAL QUALITIES**

<b>Health, Vigor, Energy</b>						
<b>Creativity</b>						
<b>Personality</b>						
<b>Cooperation &amp; Helpfulness</b>						
<b>Stability</b>						
<b>Personal Appearance</b>						
<b>Use of English</b>						

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:** \_\_\_\_\_