

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 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 |
|--------------------------------|-------------|---|---|---|------------|-----------------------|
| PROFESSIONAL QUALITIES | | | | | | |
| Knowledge of Job/Position | | | | | | |
| Proficient in Instruction | | | | | | |
| Planning and Preparation | | | | | | |
| Takes Initiative | | | | | | |
| Professional Attitude & Growth | | | | | | |
| Attendance & Punctuality | | | | | | |

| | 5 (High) | 4 | 3 | 2 | 1 (Low) | NA or Not Observed |
|---------------------------|-------------|---|---|---|------------|-----------------------|
| PERSONAL QUALITIES | | | | | | |
| Health, Vigor, Energy | | | | | | |
| Creativity | | | | | | |
| Personality | | | | | | |
| Cooperation & Helpfulness | | | | | | |
| Stability | | | | | | |
| Personal 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: _____