

CONEJO VALLEY UNIFIED SCHOOL DISTRICT Substitute Teacher Evaluation Report

NAME OF SUBSTITUTE:	DATE(S) WORKED:
SCHOOL:	REGULAR TEACHER:
GRADE AND/OR SUBJECT:	
SUBSTITUTE'S PERFORMANCE REPORT (to be completed by regular teacher)	
THE SUBSTITUTE TEACHER:	CHECK ONE
Provided appropriate discipline	Satisfactory Unsatisfactory
Followed lesson plans	Satisfactory Unsatisfactory
Followed school procedures	Satisfactory Unsatisfactory
Left room in satisfactory condition	Satisfactory Unsatisfactory
Left report of day's activities	Satisfactory Unsatisfactory
Followed attendance procedures	Satisfactory Unsatisfactory
Any item checked "unsatisfactory" must be explained below.	
COMMENTS:	
Type Name	Date:
Type Name	Date.
PLEASE SAVE THIS FORM TO YOUR DESKTOP AND FORWARD VIA EMAIL TO YOUR PRINCIPAL FOR COMPLETION.	
PRINCIPAL'S EVALUATION	
CHECK ONE: SATISFACTORY ☐ UNSATI	SFACTORY \square NO OPPORTUNITY TO OBSERVE \square
PRINCIPAL'S COMMENTS:	
SHOULD THE NEED ARISE AGAIN, WOULD YOU LIKE THIS SUBSTITUTE TO RETURN TO YOUR SCHOOL? YES \square NO \square PRINCIPAL'S NAME:	