



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:

Teacher's Signature:
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 [ ] UNSATISFACTORY [ ] NO OPPORTUNITY TO OBSERVE [ ]

PRINCIPAL'S COMMENTS:

SHOULD THE NEED ARISE AGAIN, WOULD YOU LIKE THIS SUBSTITUTE TO RETURN TO YOUR SCHOOL?

YES [ ] NO [ ]

PRINCIPAL'S SIGNATURE:
Type Name

PRINCIPALS: PLEASE SAVE THIS FORM TO YOUR DESKTOP AND FORWARD VIA EMAIL TO MJENKS@CONEJOUSD.ORG.