

CONEJO VALLEY UNIFIED SCHOOL DISTRICT Substitute Teacher Evaluation Report

NAME OF SUBSTITUTE:	DATE(S) WORKED: REGULAR TEACHER:			
SCHOOL:				
GRADE AND/OR SUBJECT:				
SUBST	TTUTE'S PERFORM. (to be completed by regula			
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 expla	ined below.			
COMMENTS:				
Teacher's Signature: Type Name		Date:		
PLEASE SAVE THIS FORM TO YOUR DESCRIPTION.	KTOP AND FORWA	ARD VIA EMAIL TO YO	<mark>DUR PRINCIPAL FOR</mark>	
	PRINCIPAL'S EVAL	UATION		
CHECK ONE: SATISFACTORY □	UNSATISFACT	DRY □ NO OPPOR	TUNITY TO OBSERVE	
PRINCIPAL'S COMMENTS:				
SHOULD THE NEED ARISE AGAIN, WOULI	YOU LIKE THIS SU	BSTITUTE TO RETURN	TO YOUR SCHOOL?	
	YES □ N	O 🗆		
PRINCIPAL'S SIGNATURE: Type Name				

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