

SUBSTITUTE EVALUATION

This must be completed by each BOCES classroom teacher when he/she returns after an absence.

Date(s) of absence _____

Name of person(s) who substituted for you _____

Did you leave a lesson plan for the substitute? _____

Were indications made that your lesson plans were followed? _____

Did substitute leave any information for you regarding the day he/she substituted? (i.e. anecdotal notes re: how day progressed, any problems that occurred.) _____

To your knowledge, were there any problems? If yes, please describe: _____

Did you receive feedback from any other teacher, aides, or therapists regarding this substitute? If so, by who? Positive or negative feedback? _____

The performance of the substitute was __satisfactory __unsatisfactory

Explain: _____

Would you request this substitute again? _____ If no, why? _____

Additional Comments: _____

Teacher

Date

Location

Class

SUBSTITUTE QUESTIONNAIRE

Name _____

Date(s) _____

Teacher you substituted for _____

Subject (if applicable) _____

1. Was the substitute packet accessible and adequate?

2. Were plans and activities adequate throughout the day?

3. Were class lists available and up-to-date?

4. Were lesson plans easy to follow?

5. Were students cooperative (if any problems were encountered, please indicate)? ____

6. Were you made to feel welcome? _____

7. Were adequate instructions provided regarding staff lounge, restroom and other amenities? _____

8. I am willing to substitute in this classroom again? YES NO

Additional Comments _____

Please describe any situation you would like the teacher to address upon return: _____
