

# Cattaraugus-Allegany BOCES

## Substitute Teacher / Teacher Aide Evaluation Form

This form is to be completed by the classroom teacher on his/her return to work. This evaluation will be kept on file and used to help determine what classes a substitute will be called to work in or if the substitute will be employed at all. The evaluation may be shown to the substitute to help him/her improve performance or as cause for termination of employment. Please be sure to answer all questions completely and honestly. This form should be left out for the substitute so he/she will be aware of what items he/she will be evaluated on. It should then be completed by the classroom teacher and turned in to the supervisor's office along with your Absence and Substitute Form.

<b>Substitute Teacher / Teacher Aide Name</b>	<b>Date</b>		
<b>Principal's Name</b>	<b>School</b>		
<b>Evaluator's Name</b>	<b>Grade/Subject</b>		
<b>Please rate the substitute on the following items:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Arrived on time and observed school schedule?			
Supervised students at all times?			
Readily adapted to substitute situation?			
Understood the safety parameters of the classroom and required students to utilize personal safety equipment if required?			
Provided favorable learning situation?			
Followed individual student behavior plan if applicable?			
Projected favorable attitude while teaching or re-enforcing lessons and behavioral student plans?			
Maintained a safe working environment?			
Was familiar with the equipment and its safe operation if applicable?			
Left summary of work covered?			
Left the room in an orderly condition?			
Readily adapted to substitute teaching / aide situation?			
Received favorably by students?			
Cooperated with school staff?			
<b>Strengths:</b>			
<b>Weaknesses:</b>			
<b>Performance Summary:</b>	Excellent	Satisfactory	Unsatisfactory
Recommended for continued substitute employment?	Yes	No	
<b>Additional Comments:</b>			