

**Socorro Independent School District
TEACHER EVALUATION REPORT OF SUBSTITUTE TEACHER**

Substitute Name _____

Campus _____

Teacher Substituted For _____

Class/Grade Level _____

Date(s) of Substitute Service _____

1. Did the Substitute Teacher follow lessons plans in a satisfactory manner?

YES NO

2. Did the Substitute leave the room in an orderly condition?

YES NO

3. Did the Substitute maintain control of the class?

YES NO

4. Did the Substitute leave sufficient information regarding days events/activities?

YES NO

If no, cite circumstances:

5. Would you want this individual to substitute for you again?

YES NO

If no, state reason(s):

6. Miscellaneous comments:

Conference was held with substitute teacher on _____

Administrator Signature

Substitute Teacher Signature

Note: Substitute Teacher will not be removed from the campus unless the "Evaluation form of the Substitute" is received by the Department of Personnel Services with Administrator Signature and Substitute Teacher Signature.