



**Socorro Independent School District
SUBSTITUTE TEACHER EVALUATION**

Substitute Name _____ Campus _____

Teacher Substituted For _____ Class/Grade Level _____

Date(s) of Substitute Service _____

1. Did the Substitute Teacher follow lessons plans/instructions in a satisfactory manner?
 YES NO
2. Did the Substitute leave the classroom in an orderly condition?
 YES NO
3. Did the Substitute maintain control of the class?
 YES NO
4. Did the Substitute leave notes/information regarding the class activities, student behavior, etc.?
 YES NO

If no, cite circumstances:

5. Would you want this individual to substitute on your campus again?
 YES NO

If no, state reason(s):

6. Miscellaneous comments: (Both positive and negative)

Signature of Certified Professional Completing Form

Principal Signature and Date

Date Completed: _____

Below to be Completed by Personnel Services

Substitute Notified on _____

Substitute Blocked from this school

Evaluation placed in Sub's File

Note: Substitute Teacher will not be removed from the campus unless the "Substitute Teacher Evaluation" is received by the Department of Human Resources with Principal Signature