

Name of Regular Teacher Absent _____

Date _____

PRESTON COUNTY SCHOOLS SUBSTITUTE TEACHER RATING SHEET

SUBSTITUTE: _____

SCHOOL: _____

PART A: (TO BE COMPLETED BY SUBSTITUTE - COMMENTS ON BACK)

	YES	NO	COMMENTS
1. SUB PACKET (INFO SHEET AVAILABLE?)	_____	_____	_____
2. LESSON PLANS AVAILABLE?	_____	_____	_____
3. LEAVE A WRITTEN SUMMARY?	_____	_____	_____
4. ASSIGNMENTS MARKED/LEFT IN ORDER?	_____	_____	_____
5. WERE STUDENTS COOPERATIVE?	_____	_____	_____
6. ROOM LEFT IN ORDER?	_____	_____	_____
7. PERFORMED ROUTINE DUTIES?	_____	_____	_____

Substitute Signature _____

PART B: (TO BE COMPLETED BY TEACHER - COMMENTS ON BACK)

	YES	NO	COMMENTS
1. LESSON PLANS FOLLOWED?	_____	_____	_____
2. SUMMARY OF ACTIVITIES?	_____	_____	_____
3. PAPERS MARKED (LEFT IN ORDER)?	_____	_____	_____
4. NO PROBLEMS NOTED?	_____	_____	_____
5. PERFORMED ROUTINE DUTIES?	_____	_____	_____
6. CLASSROOM LEFT IN ORDER?	_____	_____	_____

Teacher Signature _____

PART C: (TO BE COMPLETED BY ADMINISTRATOR - COMMENTS ON BACK)

	YES	NO	COMMENTS
1. SUGGESTIONS FOLLOWED?	_____	_____	_____
2. GENERAL OBSERVATION CONDUCTED?	_____	_____	_____
3. CLASSROOM OBSERVATION CONDUCTED?	_____	_____	_____
4. SUB WORKED COOPERATIVELY WITH STAFF?	_____	_____	_____
5. ORDER MAINTAINED IN CLASSROOM?	_____	_____	_____
6. MET NEEDS OF SCHOOL?	_____	_____	_____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY

Principal Signature _____

NOTE: The substitute teacher should be rated on a basis comparable to that of the regular teacher. Return to the Personnel Office.