SUBSTITUTE EVALUATION

Date Assigned: _____

Substitute's Name: _____

Status: **Certified: ____** **Non-Certified: ____**

Room Assigned To: _____

Certified: _____

Non-Certified Substitute: _____

The substitute was helpful in your class:

_____ Yes **_____ No**

Overall Classroom Performance:

Very Good _____ Good _____ Poor _____ Very Poor _____

Would you want this substitute assigned to your room again?

_____ Yes **_____ No**

Other Information: