Cambridge Public Schools

DAY-T0-DAY SUBSTITUTE TEACHER EVALUATION FORM

Name of Substitute Teacher: _____ Date(s) Substitute Covered: _____

Grade/Subject: _____ School: _____

Section A: Evaluation By School Administrator

RATINGS: 1: Excellent 2. Commendable 3. Satisfactory 4. Needs Improvement 5. Unsatisfactory

(Leave rating line blank if not applicable or not observed)

		1	2	3	4	5
1.	Demonstrates punctuality, and reports to assignment on time.	☐	☐	☐	☐	☐
2.	Is neat, professional, and appropriate in appearance and demeanor.	☐	☐	☐	☐	☐
3.	Follows instructions left by teacher and covers lesson plans (if available) or implements alternative learning activities as provided by building administrator.	☐	☐	☐	☐	☐
4.	Demonstrates clarity in verbal presentation.	☐	☐	☐	☐	☐
5.	Adheres to Cambridge School Department and individual school policies/curriculum.	☐	☐	☐	☐	☐
6.	Demonstrates promptness and accuracy with required records and reports.	☐	☐	☐	☐	☐
7.	Relates well and interacts effectively with students.	☐	☐	☐	☐	☐
8.	Cooperates with administrators.	☐	☐	☐	☐	☐
9.	Displays good classroom management skills as per individual school procedure.	☐	☐	☐	☐	☐
10.	Takes appropriate actions regarding student behavior.	☐	☐	☐	☐	☐
11.	Uses motivational techniques.	☐	☐	☐	☐	☐
12.	Seeks assistance when necessary and appropriate.	☐	☐	☐	☐	☐
13.	Takes appropriate steps to ensure student safety and security.	☐	☐	☐	☐	☐
14.	Relates well to other staff members.	☐	☐	☐	☐	☐

Comments (If you have checked off 4 or 5 in any of the above areas, please provide suggestions for improvement):

SECTION B (OPTIONAL): Feedback from Absent Teacher

		YES	NO
1.	Lesson plans appear to have been satisfactorily followed.	☐	☐
2.	Student work was left for teacher's review in an organized manner	☐	☐
3.	The classroom and materials were left in good condition.	☐	☐
4.	The substitute provided adequate written feedback	☐	☐
5.	Student behavior was appropriately handled (if known by teacher)	☐	☐

If you checked "no" for any of the above, please provide suggestions for improvement.

Teacher's Name:_____Signature:_____ Date:_____

Administrator's Name: _____Signature:_____ Date:_____

Substitute's Name: _____Signature:_____ Date:_____

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