



**PAJARO VALLEY UNIFIED SCHOOL DISTRICT
SUBSTITUTE FEEDBACK FORM**

This form shall be used for a new substitute evaluation or you feel a performance evaluation is needed. If the performance is serious in nature please review with the site administrator and then contact the Human Resource Director or Asst. Superintendent.

Substitute's Name: _____

(Last)

(First)

Date (s) Substituted: _____ Year: _____ School: _____

Administrator made a visitation to classroom? Yes ___ No ___

Please circle the proper number indicating your professional opinion, based upon substantiated, defensible information and/or observation.

Personal Appearance	1	2	3	4	5	6	<u>Rating Scale</u>
Followed lesson plans	1	2	3	4	5	6	1. Superior
Papers corrected	1	2	3	4	5	6	2. Above Average
Tact Toward Students	1	2	3	4	5	6	3. Average
Classroom Management	1	2	3	4	5	6	4. Below Average
Left classroom notes	1	2	3	4	5	6	5. Poor
Self Control and Poise	1	2	3	4	5	6	6. Not Observed
Punctual	1	2	3	4	5	6	
Cooperation	1	2	3	4	5	6	
Rapport with Teachers	1	2	3	4	5	6	
Rapport with Administration	1	2	3	4	5	6	
Rapport with Parents	1	2	3	4	5	6	

Describe incident:

Administrator discussed substitute's performance with the regular teacher. Yes ___ No ___

If answer is "yes", how did the regular teacher rate the substitute (circle one)

1. Superior 2. Average 3. Poor 4. Could not rate

What grade level (s) or subject area (s) do you feel this person would be most suited

K-3 4-6 7-8 9-12, Subject Area (s) _____

Administrator had conference with substitute. Yes ___ No ___ Date: _____

Results _____

Signed _____

(Site Administrator)

Signed _____

(Classroom Teacher)

For HR use only:

Conference Date: _____

Results: _____

***Substitute has 10 working days to attach a written response.** CC: Substitute working file