



Flagler County Schools
Human Resources Department
Substitute Teacher Evaluation Form

Substitute Teacher Name	Date
Principal Name	School
Full-Time Teacher Name	Grade/Subject

Please rate the substitute teacher on the following items:

	YES	NO
Followed lesson plans?	<input type="checkbox"/>	<input type="checkbox"/>
Provided favorable learning situation?	<input type="checkbox"/>	<input type="checkbox"/>
Used acceptable methods of control?	<input type="checkbox"/>	<input type="checkbox"/>
Projected favorable attitude while teaching?	<input type="checkbox"/>	<input type="checkbox"/>
Left summary of work covered?	<input type="checkbox"/>	<input type="checkbox"/>
Left the room in an orderly condition?	<input type="checkbox"/>	<input type="checkbox"/>
Readily adapted to substitute teaching situation?	<input type="checkbox"/>	<input type="checkbox"/>
Received favorably by students?	<input type="checkbox"/>	<input type="checkbox"/>
Cooperated with school staff?	<input type="checkbox"/>	<input type="checkbox"/>
Arrived on time and observed school schedules?	<input type="checkbox"/>	<input type="checkbox"/>
Strong classroom management skills?	<input type="checkbox"/>	<input type="checkbox"/>

Strengths:

Weaknesses:

Performance Summary: Excellent Satisfactory Unsatisfactory

Recommended for continued substitute employment? Yes No

Additional Comments: