

# WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT EVALUATION OF SUBSTITUTE TEACHER

\_\_\_\_\_  
 SCHOOL                      JOB#                      SUB ID #                      SUBSTITUTE NAME (Please Print)

PLEASE BLOCK FROM OUR SCHOOL

\_\_\_\_\_ DATE(S) RELATED TO EVALUATION

**EXPLANATION OF RATING SCHEDULE:**

**SATISFACTORY:** Meets or exceeds expectations of the West Contra Costa Unified School District.

**NEEDS IMPROVEMENT:** Does not yet meet the West Contra Costa Unified School District expectations but appears to have potential for improvement.

	EXCELLENT	SATISFACTORY	NEEDS IMPROVEMENT	NOT OBSERVED	COMMENTS
<b>Personal Qualities – Poise, health, personal Appearance, voice</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Personality and Relationship With Others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Professional Ethics</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Cooperativeness</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TEACHING PERFORMANCE</b>					
Class Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaction of Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Teacher Lesson Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thoroughness of Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Best suited for \_\_\_\_\_ grades.                      Good prospect for regular teaching assignment:    YES                       NO

\_\_\_\_\_ PRINCIPAL'S SIGNATURE

\_\_\_\_\_ DATE

\_\_\_\_\_ SUBSTITUTE'S SIGNATURE (not required)

\_\_\_\_\_ DATE

**NOTE: A SUBSTITUTE'S SIGNATURE DOES NOT NECESSARILY INDICATE APPROVAL OF THE WRITTEN EVALUATION; IT ONLY INDICATES THE SUBSTITUTE HAS READ THE EVALUATION.**

**DISTRIBUTION:    WHITE – PERSONNEL                      YELLOW – SUBSTITUTE TEACHER                      PINK - ORIGINATOR**