

MSD OF WASHI NGTON TOWNSHI P SUBSTI TUTE EMPLOYEE EVALUATI ON FORM

Please e-mail the completed form to the Kelly Educational Staffing office at 2580@kellyservices.com or fax to 317.638.7458 . Thank you for your cooperation and feedback!

Substitute Teacher Name	Date	
	<u></u>	
Principal Name	School	
Full-Time Teacher Name	Grade/ Subject	
Please rate the substitute teacher on the following	items: Yes	No
Followed lesson plans?		
Provided favorable learning situation?		
Used acceptable methods of control?		
Projected favorable attitude while teaching?		
Left summary of work covered?		
Left the room in an orderly condition?		
Readily adapted to substitute teaching situation?		
Received favorably by students?		
Cooperated with school staff?		
Arrived on time and observed school schedules?		
Strengths:		
Weaknesses:		
Performance Summary: Excellent	Satisfactory	Unsatisfactory
Recommended for continued substitute teacher employment	ent? 🗌 Yes	🗌 No
Please answer the following questions regarding Kelly Services:		
Did the Kelly office communicate thorough information to you regarding your Yes No needs for this substitute teacher?		
Was the Kelly staff helpful and cooperative?	🗌 Yes	🗌 No
Additional Comments:		