

Substitute Performance Questionnaire

This questionnaire should be used by personnel to report positive, constructive, or negative comments and concerns regarding a SLOCOE substitute.

D	ATE OF QUESTIONNAIRE:				
		Certifica	Certificated Assignment		
		ed Assignment			
D	DATE(S) OF SUBSTITUTE'S ASSIGNMENT:				
PF	ROGRAM/CLASSROOM:	-			
			VEC	NO	NI/
1.	Classroom Only: Did the substitute follow your lesson plan?	(If applicable)	YES	NO	N/
2.	Classroom Only: Did the substitute follow your lesson plans Classroom Only: Did the children relate well to the substitute	, , , , , , , , , , , , , , , , , , , 			
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3.	All: Were there any positive or satisfactory incidents? (Please				
<u>4.</u>	All: Were there unsatisfactory incidents that occurred? (Please	se comment below)			
5.	All: Did the substitute follow directions?				
6.	All: Did the substitute work well with others?				
7.		ease comment below)			
8. COMM	All: Do you wish to have this sub return?				
	Evaluator's Signature	Director/ Cabinet Official			
	Please submit this form to Human Resource No action will be taken until this form is reviewed				· —•
п	uman Resources Action.				
	Classroom/ Site Removal – Letter Mailed	(4) Conview	norconn	d filo	
	Program Removal – Letter Mailed	(1) Copy for	personne	:i iiie	
	Substitute Services No Longer Needed – Letter Mailed No Action Required (Positive Questionnaire) – Letter Mailed				
	HR Technician	Signature of Chief Huma	n Resourc	ces Office	 er