

PARK CITY SCHOOL DISTRICT
SUBSTITUTE TEACHER EVALUATION FORM

Your name: _____

Date(s): _____ School Location: _____

Name of Substitute: _____

1. Were your lesson plans followed?
2. Was your room left in order?
3. Did your students have a productive day?
4. Are there any problems that occurred which you deemed out of the ordinary?
5. Would you ask for this substitute again?
6. Were you left with a written summary of the day?
7. Any other comments? _____

***Please return this form to your school secretary – ASAP so a copy can be provided to the Human Resources office at the district. Bottom to be completed by school administration.**

Does the Principal/School request that this sub be deleted from their location? Yes ___ No ___

Comments: _____

Is it OK for HR to share reason why you have asked this person to be removed from your site/classroom? Yes ___ No ___

Principal's Signature (Signature required if you checked "Yes" above) _____ Date _____