



WENATCHEE SCHOOL DISTRICT Certified Substitute Evaluation

Substitute Name: _____	Date(s) Substituted: _____
Teacher Name: _____	School: _____
Class/Subject: _____	Period of Report: From _____ to _____

Handling of Lesson Plans – Class Activities

(Please comment)

Low 1 2 3 4 5 High (circle one)

Was a written summary of the day's activities left for you?

(Please comment)

Low 1 2 3 4 5 High (circle one)

Was your room left in good order?

(Please comment)

Low 1 2 3 4 5 High (circle one)

Handling of Student Behavior – Attendance Procedures

(Please comment)

Low 1 2 3 4 5 High (circle one)

Do you recommend this substitute for your class(es) in the future?

(If NO, please explain)

No _____ Yes _____

Other comments:

Signature: _____
(Regular Teacher)

Date: _____

* You are required to give this completed form to your school secretary within 3 days.

* Secretaries: Send sub evaluations to substitute coordinator as received or on a monthly basis.

* Secretaries: If an evaluation is low notify your administrator and send to substitute coordinator after your administrator reviews it.