



WENATCHEE SCHOOL DISTRICT Classified Substitute Evaluation

Substitute Name: _____	Date(s) Substituted: _____
Employee Name: _____	School: _____
Position: _____	Period of Report: From _____ to _____

Handling of Assignment

(Please comment)

Low 1 2 3 4 5 High (circle one)

Handling of Interactions with staff, students, and/or public

(Please comment)

Low 1 2 3 4 5 High (circle one)

Do you recommend this substitute for your position in the future?

(If NO, please explain)

No _____ Yes _____

Other comments:

Signature: _____
(Regular Employee)

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.