#  MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT



 Human Resources Department and Legal Counsel

 1101 South Raisinville Road

 Monroe, Michigan 48161

 734-322-2660 - FAX

## MCISD Substitute Aide

Performance Form

(Substitute Aide evaluation to be completed by classroom teacher)

|  |
| --- |
| Name of Substitute Aide: |
| Date(s) substitute aide worked: |
| Name of Absent Aide: |
| School/Program: |
| Name of Teacher Completing Form:  |

Please complete the following information and return to Terri Kelley, MCISD Sub Office. We rely on your feedback to help us support your efforts and to secure quality substitute aides.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Demonstrated good judgment  |  |  |
| Provided appropriate support to students |  |  |
| Responded to teacher directions appropriately |  |  |
| Appropriate language, interactions with students and positive attitude |  |  |
| Student behavior was appropriately handled (if known) |  |  |
| Utilized time efficiently  |  |  |
| Demonstrated flexibility and initiative in carrying out duties |  |  |

Additional Comments and reasons for No Answers: (use back of form, if necessary)

Thank you for taking the time to complete this form.

### Please return to JJ Dively, Monroe County ISD Substitute Office 734-242-5799 x1156