# MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT



Human Resources Department and Legal Counsel

1101 S. Raisinville Road

Monroe, Michigan 48161

734-242-5799

**SUBSTITUTE TEACHER REVIEW**

**SUPERVISOR: Please complete this evaluation upon completion of assignment and forward to JJ Dively in Human Resources Substitute Office.**

**Substitute Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Absent Teacher Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assignment Date(s):** \_\_\_\_\_\_\_\_\_\_\_\_ **TO** \_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS:** For each of the indicators below, check the box next to the number that most closely represents the substitute’s performance. Add comments at the bottom that are appropriate and may assist in understanding the reasons for your rating.

**Exceeds expectations = 4 Meets expectations = 3 Marginally Meets Expectations = 2 Below expectations = 1**

1. Appearance (grooming) 4-[ ]  3-[ ]  2-[ ]  1-[ ]

2. Punctuality 4-[ ]  3-[ ]  2-[ ]  1-[ ]

3. Communication skills 4-[ ]  3-[ ]  2-[ ]  1-[ ]

4. Cooperation with staff, parents 4-[ ]  3-[ ]  2-[ ]  1-[ ]

5. Interest in teaching 4-[ ]  3-[ ]  2-[ ]  1-[ ]

6. Ability to follow lesson plans 4-[ ]  3-[ ]  2-[ ]  1-[ ]

7. Ability to construct lesson plans 4-[ ]  3-[ ]  2-[ ]  1-[ ]

8. Knowledge of subject matter 4-[ ]  3-[ ]  2-[ ]  1-[ ]

9. Ability to plan/organize classroom activities 4-[ ]  3-[ ]  2-[ ]  1-[ ]

10. Effective behavior management technique 4-[ ]  3-[ ]  2-[ ]  1-[ ]

11. Respects students 4-[ ]  3-[ ]  2-[ ]  1-[ ]

12. Consistent with students 4-[ ]  3-[ ]  2-[ ]  1-[ ]

13. Ability to handle discipline issues 4-[ ]  3-[ ]  2-[ ]  1-[ ]

**OVERALL RATING OF THIS SUB’S PERFORMANCE:** 4-[ ]  3-[ ]  2-[ ]  1-[ ]

**COMMENTS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please Print or Type)* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form may be faxed to the Sub Teacher Office at 734.322.2660