

IMMEDIATE SUPERVISOR/PRINCIPAL EVALUATION OF SUBSTITUTE SERVICE PERSONNEL

To be completed by the Immediate Supervisor/Principal and sent to the service personnel office following each substitute assignment or by January 15 and May 15.

NAME: _____ SCHOOL OR DEPARTMENT _____

ASSIGNMENT _____

NUMBER OF DAYS WORKED ON WHICH THIS REPORT IS BASED _____

	Exceeds Performance Standards	Meets Performance Standards	Does not meet Performance Standards	No opportunity to Evaluate
1. Observation of work hours				
2. Compliance with Rules				
3. Relationship with students				
4. Relationship with Staff				
5. Relationship with Public				
6. Ability to do the Job				
7. Work Judgements				
8. Quality of work				
9. Acceptance of Responsibility				
10. Operations & Care of Equipment				
11. Follows Directions				
12. Initiative				
13. Grooming and neatness				
14. Cooperation with Supervisors				

DATE _____ SIGNATURE OF SUPERVISOR/PRINCIPAL _____

DATE _____ Signature of Supervisor/Principal's Designee _____