

USD 443 – DODGE CITY PUBLIC SCHOOLS

LONG-TERM SUBSTITUTE TEACHER EVALUATION FORM

Long-Term Substitute Name: _____

Building: _____ Teaching Assignment: _____

Date Assignment Began: _____ Date Assignment Ends (anticipated): _____

CLASSROOM PROCEDURES	Satisfactory	Needs Improvement	Unsatisfactory
Implements district curriculum			
Demonstrates age-appropriate classroom management; Takes appropriate action regarding student behavior			
Takes appropriate steps to ensure student safety and security			
Establishes good rapport with students, staff, parents			
Demonstrates promptness and accuracy with required records and reports			
COMMUNICATION			
Demonstrates clarity in verbal presentation			
Seeks assistance when necessary and appropriate			
Participates and contributes to department, team, building, and/or district activities			
GENERAL			
Demonstrates punctuality, arrives on time			
Notifies building of late arrival or other issues			
Performs duties as assigned by building and/or district			
Dresses appropriately and professionally			
Adheres to USD 443 and building policies/guidelines			
BUILDING PRINCIPAL CLASSROOM OBSERVATION DATES/TIMES:			
BUILDING PRINCIPAL COMMENTS:			
LONG-TERM SUBSTITUTE TEACHER COMMENTS:			
Long-Term Substitute Signature: _____		Date: _____	
Building Principal Signature: _____		Date: _____	